ANNUAL REPORT

OF THE

SANITARY COMMISSIONER WITH THE GOVERNMENT OF INDIA,

1894,

WITH

APPENDICES AND RETURNS OF SICKNESS AND MORTALITY AMONG
EUROPEAN TROOPS, NATIVE TROOPS, AND PRISONERS,
IN INDIA, FOR THE YEAR.

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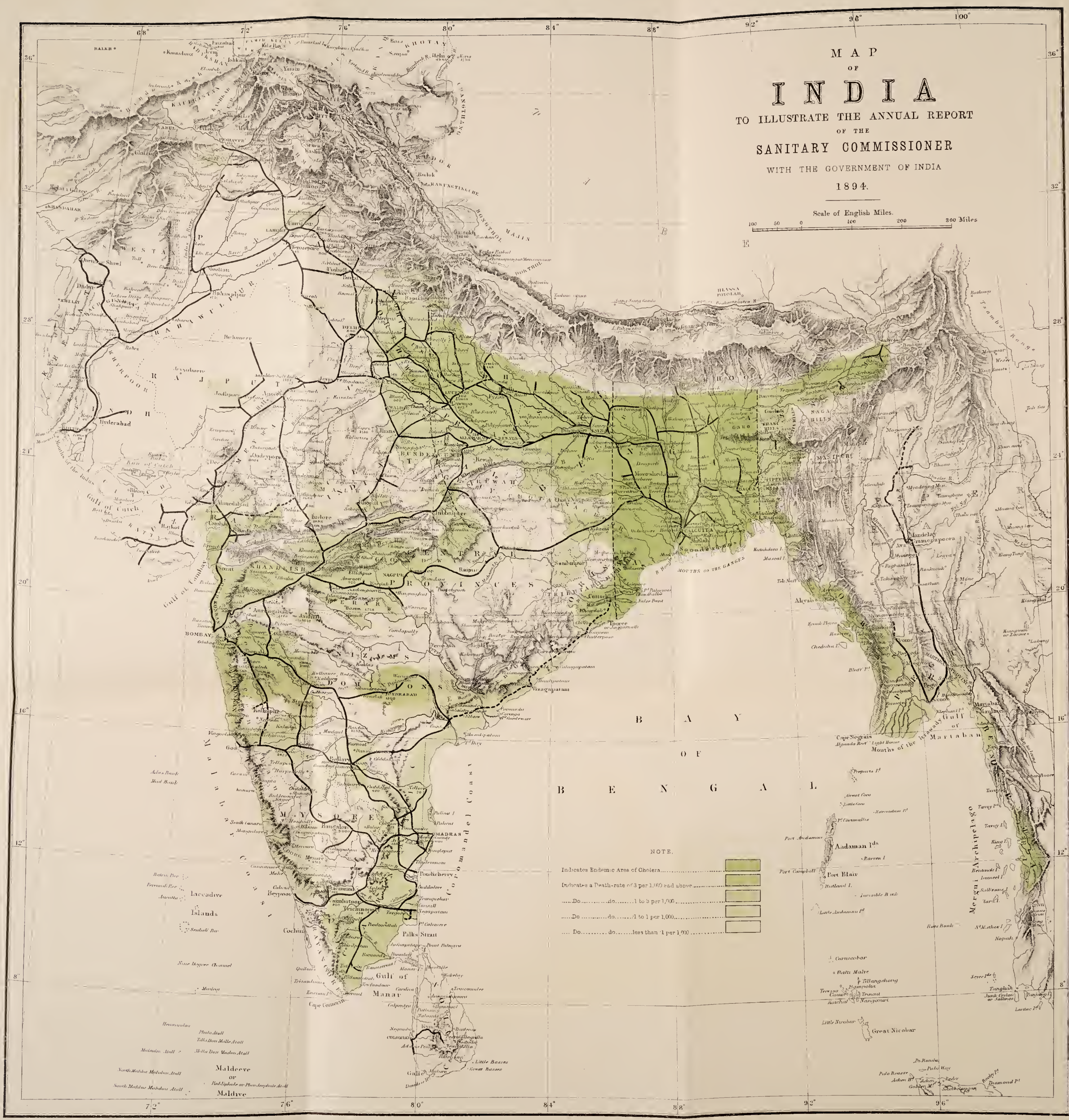

MAP
OF
INDIA
TO ILLUSTRATE THE ANNUAL REPORT
OF THE
SANITARY COMMISSIONER
WITH THE GOVERNMENT OF INDIA
1894.

Scale of English Miles.

NOTE.

Indicates Endemic Area of Cholera	🟩
Indicates a Death-rate of 3 per 1,000 and above	🟩
Do ... do ... 1 to 3 per 1,000	🟩
Do ... do ... ·1 to 1 per 1,000	🟩
Do ... do ... less than ·1 per 1,000	☐

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TABLE OF CONTENTS

SECTION I.

METEOROLOGY OF THE YEAR.

Para. Page
1. Summary of the meteorological phenomena of the year, month by month . . . 1

SECTION II.

EUROPEAN ARMY OF INDIA.

2. India . . . 15
3. Presidencies . . . ib.
4. Burma . . . 17
5. Geographical Groups . . . ib
6. Stations . . . 19
7. Principal Diseases . . . ib.
8. Influenza . . . ib.
9. Cholera . . . 20
10. Smallpox . . . 21
11. Intermittent fever . . . ib.
12. Remittent fever . . . 22
14. Enteric fever . . . 23
15. Fever mortality . . . 27
16. Enteric fever and age . . . 28
17. Enteric fever and length of service in India . . . ib.
18. Enteric fever and season . . . ib.
19. Enteric fever in the Geographical Groups . . . 29
20. Enteric fever in stations . . . ib.
21. Extracts from the reports of medical officers . . . 30
22. Typhus, Dengue, Scarlet Fever, Epidemic rose rash, Mumps, Erysipelas . . . 34
23. Bowel Complaints . . . ib.
24. Hepatitis . . . 35
25. Respiratory diseases . . . 39
26. Venereal Disease . . . 41
27. Venereal disease in the presidencies . . . 44
28. Other venereal diseases . . . ib.
29. Heart disease and aneurysm . . . 45
30. Alcoholism . . . ib.
31. Suicide . . . ib.
32. Invaliding . . . ib.
33. Army of India . . . 46
34. Diseases causing invaliding . . . ib.
35. Invaliding from mental affections . . . ib.
36. Invaliding according to age and Indian Service . . . ib.
37. Effects on regiments of a tour of Indian Service . . . 47
38. Troops in the Hills . . . ib.
39. Proportion of married men . . . 48
40. Statistics of women . . . ib.
41. Statistics of children . . . ib.
42. Deaths of officers . . . 52

SECTION III.

NATIVE ARMY OF INDIA.

43. India . . . 63
44. Commands . . . 64
45. Burma . . . 65
46. Geographical Groups . . . ib.
47. Stations . . . 66
48. Regiments . . . ib.
49. Principal diseases: Influenza . . . ib.
50. Cholera . . . 67
51. Malarial fevers . . . 68
52. Enteric fever . . . ib.
53. Dengue, Typhus, Cerebro-Spinal fever, Scarlatina, Measles, Erysipelas, Mumps . . . 70
54. Scurvy . . . ib.

PARA. PAGE
55. Dysentery 70
56. Hepatic Abscess . . . . . ib.
57. Tubercle of the lungs 71
58. Respiratory Diseases . . . . . ib.
59. Pneumonia . . . . . ib.
60. Venereal Diseases 72
61. Beri-beri 74
62. Guinea-worm . . . . . ib.
63. Suicide . . . . . ib.
64. Abstract of Sanitary Sheets 75

SECTION IV.

JAILS OF INDIA.

65. India 89
66. Proportion of prisoners in population . . . . . ib.
67. Administrations 90
68. Andamans 91
69. Burma . . . . . ib.
70. Assam 92
71. Bengal . . . . . ib.
72. North-Western Provinces and Oudh 94
73. Punjab 95
74. Bombay 96
75. Berar . . . . . ib.
76. Central Provinces 97
77. Madras . . . . .
78. Geographical Groups 99
79. Principal diseases 100
80. Scurvy . . . . . ib.
81. Beri-Beri . . . . . ib.
82. Tubercle of the lungs . . . . . ib.
83. Pneumonia 101
84. Cerebro-spinal fever . . . . . ib.
85. Typhus and relapsing fevers . . . . . ib.
86. Enteric fever . . . . . ib.
87. Erysipelas Mumps 102
88. Abscess, Ulcer and boil. Slough and phagedæna . . . . . ib.
89. Influenza . . . . . ib.
90. Cholera 103
91. Dysentery and Diarrhœa . . . . . ib.
92. Guinea-worm . . . . . ib.
93. Dochmius Duodenalis 104
94. Mortality of prisoners and of troops compared . . . . . ib.
95. Effects of boiling drinking water 105
96. Abstract of Sanitary Sheets 108

SECTION V.

VITAL STATISTICS OF THE GENERAL POPULATION.

97. General remarks 131
98. Births . . . . . ib.
99. Deaths . . . . . ib.
100. Bengal 132
101. Assam 133
102. North-Western Provinces and Oudh 134
103. Punjáb 135
104. Central Provinces 137
105. Berar 138
106. Madras 139
107. Coorg 140
108. Bombay 141
109. Burma 142
110. Military Cantonments 143

SECTION VI.

GENERAL POPULATION.

History of Chief Diseases.

Cholera.

Para. Page
113. Cholera in India as a whole 168
114. Seasonal prevalence 169
115. Cholera in Bengal . . . . . *ib.*
116. Cholera in Assam 171
117. Cholera in the North-Western Provinces and Oudh 172
118. Cholera in the Punjab 178
119. Cholera in the Central Provinces . . . . . *ib.*
120. Cholera in Berar 179
121. Cholera in Madras 180
122. Cholera in Coorg . . . . . *ib.*
123. Cholera in Bombay . . . . . *ib.*
124. Cholera in Lower Burma 181
125. Summary of Cholera Reports . . . . . *ib.*
126. Details regarding first cases attacked . . . . . *ib.*
127. Prevalence of diarrhœa at the time of the occurrence of cholera 182
128. Proportion of buildings which furnished cases . . . . . *ib.*
129. State of the weather during outbreaks . . . . . *ib.*
130. Communication with cholera elsewhere . . . . . *ib.*
131. Attendants attacked with the disease 183
132. Sanitary defects in connection with Cholera Epidemics . . . . . *ib.*
133. Effects of Movement . . . . . *ib.*
134. Small-pox in India in 1894 188
135. Small-pox in Bengal . . . . . *ib.*
136. Small-pox in Assam 189
137. Small-pox in the North-Western Provinces and Oudh . . . . . *ib.*
138. Small-pox in the Punjab . . . . . *ib.*
139. Small-pox in the Central Provinces . . . . . *ib.*
140. Small-pox in Berar . . . . . *ib.*
141. Small-pox in Madras 190
142. Small-pox in Coorg . . . . . *ib.*
143. Small-pox in Bombay . . . . . *ib.*
144. Small-pox in Burma 191
146. Sale of quinine at Post Offices . . . . . *ib.*
147. Fevers in India in 1894 . . . . . *ib.*
148. Fevers in Bengal 193
149. Fevers in Assam . . . . . *ib.*
150. Fevers in the North-Western Provinces and Oudh 194
151. Fevers in the Punjab . . . . . *ib.*
152. Fevers in the Central Provinces . . . . . *ib.*
153. Fevers in Berar 195
154. Fevers in Madras . . . . . *ib.*
155. Fevers in Coorg . . . . . *ib.*
156. Fevers in Bombay . . . . . *ib.*
157. Fevers in Lower Burma 196
158. Dysentery and Diarrhœa in India in 1894 . . . . . *ib.*
159. Dysentery and Diarrhœa in Bengal . . . . . *ib.*
160. Dysentery and Diarrhœa in Assam 197
161. Dysentery and Diarrhœa in the North-Western Provinces and Oudh . . . . . *ib.*
162. Dysentery and Diarrhœa in the Punjab . . . . . *ib.*
163. Dysentery and Diarrhœa in the Central Provinces . . . . . *ib.*
164. Dysentery and Diarrhœa in Berar 198
165. Dysentery and Diarrhœa in Madras . . . . . *ib.*
166. Dysentery and Diarrhœa in Coorg . . . . . *ib.*
167. Dysentery and Diarrhœa in Bombay . . . . . *ib.*
168. Dysentery and Diarrhœa in Burma . . . . . *ib.*
169. Injuries . . . . . *ib.*
170. All other causes 200
171. Amount and Cost of Charitable Medical Relief throughout India in 1894 . . . . . *ib.*

SECTION VII.

GENERAL HISTORY OF VACCINATION.

172. Vaccination in India as a whole 211
173. Bengal 212
174. Assam 213

PARA. PAGE
175. North-Western Provinces and Oudh . . . 213
176. Punjab . . . 214
177. Central Provinces . . . 215
178. Berar . . . 216
179. Madras . . . ib.
180. Coorg . . . 217
181. Bombay . . . ib.
182. Lower Burma . . . ib.
183. Upper Burma . . . 218
184. Ajmere-Merwara . . . ib.
185. Compulsory Vaccination Act . . . 219
186. Vaccination among troops . . . ib.

SECTION VIII.

SANITARY WORKS—MILITARY.

187. Expenditure on Military Works during 1894-95 . . . 229
188. Details of Military Works in 1893-94 . . . ib.

SECTION IX.

CIVIL SANITARY WORKS.

189. Bengal . . . 257
190. Assam . . . 258
191. North-Western Provinces and Oudh . . . 259
192. Punjab . . . 261
193. Central Provinces . . . 262
194. Berar . . . 263
195. Madras . . . ib.
196. Coorg . . . 265
197. Bombay . . . ib.
198. Burma . . . 267

SECTION X.

GENERAL REMARKS.

200. Red Sea Pilgrim Traffic . . . 269
201. Pilgrim ships and their sanitary condition . . . ib.
202. Class of Pilgrims . . . 270
203. Inspection and embarkation . . . ib.
204. Quarantine at Camaran . . . ib.
205. Mortality during outward voyage . . . ib.
206. Prevailing diseases . . . 271
207. Health of Pilgrims at Camaran . . . ib.
208. Hedjaz of 1894 . . . ib.
209. Class of vessel . . . ib.
210. Overcrowded ships . . . 272
211. Absence of medical diaries . . . ib.
212. Mortality on voyages . . . ib.
213. Prevailing disease on inward voyages . . . ib.
214. Researches by the Special Assistant . . . ib.

APPENDIX.

Report on Anti-Cholera Inoculation by W. M. Haffkine, Sc. D. . . . 275

NOTE.

The recommendations of the Army Sanitary Commission as to altering and reducing the number of the tables were received too late to be acted on in the case of the present report.

ANNUAL SANITARY REPORT FOR 1894.

SECTION I.

METEOROLOGY OF THE YEAR.

Summary of the meteorological phenomena of the year, month by month.

1. The following report on the meteorology of India during the year has been kindly furnished by the Meteorological Department of the Government of India.

January.—Four disturbances affected Northern India during this month. They gave unusually heavy rain to Baluchistan and North-West India and very strong winds to the Punjab Hill districts. The mean temperature of the month was about normal in Burma, North-East India, Central India, Gujarat and the coasts of the Peninsula; above the normal in the Gangetic Plain and the Deccan, and below in North-Western India. It differed by 3° from the normal at Rawalpindi and Hyderabad and by 2½° at Kurrachee, Peshawar and Dera Ismail Khan. The day temperatures differed little from the normal, except in the North-West, where they were in considerable defect. The deficiency ranged from 4° to 7° in the Punjab, North-West Rajputana and Sind. The four disturbances of the month in North-West India gave rise to a succession of warm and cold waves which advanced eastwards across Northern India and occasioned large and rapid changes of temperature. Thus the mean temperature of the whole of Northern India was 3° above the normal on the 1st and 3½° below on the 7th; the mean temperature of Quetta was 10°·9 above on the 10th and was 18°·3 below the average on the 13th, and each of the depressions occasioned similar disturbance of temperature conditions during its passage across the country.

The mean pressure of the whole of India was 0·02″ below the normal. Local variations in the pressure conditions were shown in different parts of the country, but they were small and of little importance. The pressure deficiency on the hills was greater than on the neighbouring plain—sa condition usually accompanying disturbed weather in North-West India.

The air was drier than usual in Burma, Assam and Bengal, and also in the West coast districts, and damper than usual in North-Western and Central India. The excess was considerable in the south-east of the Punjab, in Upper Sind and in Rajputana, and large at the hill stations in North-West India. In Southern India the variations were irregular. The amount of cloud was generally in excess except in North-East India and in the West coast districts.

The month of January was on the whole more disturbed than usual in North-West India. The four cold-weather disturbances noticed above gave general moderate rain to Baluchistan, the Punjab, Rajputana and the Western districts of the North-Western Provinces and heavy snow to the hill districts. The disturbances did not advance into North-East India, where in consequence no rain was received during the month. The first disturbance lasted from December 29th, 1893, to January 3rd. It occasioned light rain in Sind, moderately heavy rain in Rajputana and the North-West Provinces, and moderate to heavy rain in the Punjab, more especially in the Eastern districts. The second disturbance (10th to 12th) was very feeble and gave light to moderate rain in Baluchistan and the north and east of the Punjab. The third disturbance (19th to 23rd) gave light to moderate rain to the whole of North-Western and Central India. The fourth and last disturbance lasted from the 26th to the 29th and gave moderate rain to the north and east of the Punjab and light showers to Baluchistan, Upper Sind, and Rajputana. The rainfall of the month was hence in moderate excess generally in Sind, Rajputana and Central India, largely in excess in the Punjab and slightly in excess in Madras and Southern India, where occasional showers had occurred. On the other hand the rainfall was practically or absolutely *nil* in Bombay, Burma, Bengal, Bihar and Chota Nagpur, and very light in the eastern districts of the North-West Provinces and in Assam.

February.—As in January the weather of February 1894 was somewhat more disturbed than usual, three disturbances of the cold-weather type occasioning very unsettled rainy weather over a considerable part of the country. Notwithstanding these unsettled conditions the mean temperature was on the whole in excess of the normal—a result largely attributable to high night temperatures. In the Indus valley, North-West Rajputana and Madras the mean temperature was normal, while in all the other districts it was excessive by amounts ranging from 1°·1 in the Upper Sub-Himalayan districts to 3°·4 in Assam. The day temperatures were generally in slight defect in North-West India, the Deccan and South Madras, and in excess elsewhere, more particularly in Assam and North Bengal. The night temperatures were normal in the southern half of the Peninsula and in excess in other parts of India. During the month three cool waves appeared on the frontier and advanced eastward, occasioning a moderate temporary reduction of temperature in Northern India. The principal abnormal feature of the month was, however, the high temperature (both day and night) which prevailed over the central parts of the country.

The mean pressure of the whole of India for the month was approximately normal and the local variations were small. There was, however, a slight excess in Northern India and a slight defect in the Peninsula. Pressure was in excess at the hill stations relatively to the neighbouring plains.

The air was slightly damper than usual in Burma, Bengal, the Deccan and Southern India, and greatly damper than usual in North-Western and Central India and the north of the Peninsula. The relative humidity was also considerably above the normal at the hill stations. The skies were almost clear of cloud in the West coast districts and the amount of cloud was normal in Burma and Assam, but elsewhere the cloudiness was greater than usual.

The chief periods of rainfall during the month were: From the 2nd to the 3rd, when light to moderate rain fell in Central India, the North-West Provinces and Bihar; from the 7th to the 9th, when nearly the whole of Northern India received general rain; from 13th to the 17th, when light showers fell in parts of the Punjab and of the North-West Provinces; from the 20th to the 28th, when Bihar, Bengal and Assam had fairly general rainfall. The most general fall of rain was that between the 7th and 9th extending from the Punjab to Bihar. The principal features of the rainfall of the month were: excessive rainfall in Baluchistan, which received from four to five times its normal amount, and in the Punjab and Kashmir Himalayas; a large excess in the North-West Provinces; a moderate excess in Assam and a slight excess in the Punjab, Central India, the Central Provinces and the Deccan. On the other hand no rain (*i.e.*, less than an average of a tenth of an inch) fell in Coorg, Mysore, the Konkan, Gujarat, Kathiawar, Rajputana, Hyderabad and parts of Madras.

March.—During March the weather was more disturbed and showery than usual, and this, combined with the effects of the heavy snowfall on the interior and higher ranges of the Kashmir and Punjab Himalayas, tended to reduce temperature over Northern India. In consequence the mean temperature of the month was below the normal over nearly the whole of extra-tropical India. In general the defect of temperature over this region was about 1½°, but in the Upper Sub-Himalayan districts it was as much as 3°. Three dry and cool waves passed across Northern India during the month. The first entered North-West India on the 5th and advanced across Northern India during the next four days; the second crossed the frontier on the 11th and the third advanced across Northern India between the 24th and 28th. In tropical India, *i.e.*, the Peninsula and Burma, the mean temperature was in general slight excess, but the variations in these two areas were generally less than 1° in amount. The mean day or maximum temperatures were low in most places, the absolutely greatest deficiencies being 6°·0 at Ludhiana and 4°·9 at Lahore. The variations of the mean night temperature were everywhere small.

The mean pressure of the whole Indian area was 0·017 inch below the normal. There was a slight local excess in North-West India, a very slight defect in the Peninsula and a moderate defect in North-East India and Burma.

The humidity conditions were practically normal in Burma, Assam and Orissa. The air was drier than usual over Bengal, Chota Nagpur and Bihar, and damper than usual in the North-West Provinces, the Punjab and the Peninsula. During the passage of the cool dry waves noticed above remarkably low humidities were recorded in Sind, Gujarat, the Deccan and the west of the Central Provinces.

There were five periods of disturbance and of rainfall during the month. Of these the most important was that which lasted from the 1st to the 8th, during which period Baluchistan, the Punjab and Kashmir received moderate to heavy rain, and Assam and North-East Bengal light rain. Between the 10th and 12th, the Punjab and Assam had light rain showers, and between the 13th and 16th, the Punjab, Baluchistan and Kashmir received light to moderate rain. The fourth period of rainfall was confined to Southern India, which region received moderate to heavy rain between the 16th and 21st. The last disturbance of the month gave showers to Baluchistan, the Punjab and Kashmir from the 21st to the 24th and to the Central Provinces and Central India from the 20th to the 24th. The totals at the close of the month showed that there had been considerable deficiency of rain in Assam and moderate deficiency in Bengal except East Bengal, where nearly double the normal amount was received. Slight deficiency in the Central Provinces, the North-West Provinces, Central India and Rajputana, and a moderate to large excess over the greater part of the Punjab, over Kashmir, over Baluchistan and over South Madras, and Malabar. In Bombay there had been a slight excess.

April.—The mean temperature conditions of the month differed very slightly from the normal throughout the whole of India, though there was some excess over the Gangetic Plain and Chota Nagpur. At the beginning of the month temperature was largely in excess over North-Western India. Then rain occurred on the 4th and 5th producing a considerable reduction. A cool wave spread over North-Western India between the 6th and 10th, while on the contrary the heat increased rapidly in Bengal. Thunderstorms occurred in the North-West between the 13th and 16th, in Bengal, Assam and Madras between the 16th and 21st, and again in the North-West from 21st to 23rd. Large and rapid changes of temperature consequently occurred in these regions between these dates. A cool wave appeared in the North-West on the 24th, and from that date onward to the close of the month temperature was generally in slight to moderate defect over the greater part of India. A very rapid fall occurred in Burma on the 30th. The mean day temperature of the month was in slight excess in Burma, Assam, the South-West Punjab, Sind, Rajputana, Kathiawar and North Bombay. The variations of the mean night temperature from the normal were very small. The mean temperature was in slight excess at the hill stations in Northern India and in slight defect at Pachmarhi and Wellington.

The mean pressure of the Indian area was 0·019″ below the normal. Pressure was in slight local defect in Burma, Assam, Sind, the Punjab, Rajputana, Central India and the Carnatic, and in slight excess elsewhere.

The air was slightly drier than usual in Burma and over Northern and Central India. The variations were small, but were greater in South Bengal than elsewhere. The weather was more cloudy than usual over the Bay Islands, Burma, North-East India and the Peninsula, and clearer in North-West India and the central parts of the country.

Thunderstorms were of fairly frequent occurrence during the month in Northern and Southern India and were frequent in Bengal and Assam. The chief periods of rainfall were :—from the 2nd to the 11th, when Assam and East Bengal received moderately heavy rain; from the 18th to the 21st, when Bengal and Southern India received moderate rain, and from the 24th to the end of the month, when first Bengal and subsequently Southern India and Burma received moderate to heavy rain. The total rainfall of the month was actually or practically *nil* over the whole of the North-West Provinces, Oudh, the South and Central Punjab, Sind, Kathiawar, Gujarat, Rajputana, Central India and the east of the Central Provinces. The rainfall in Assam was in moderate excess in Sylhet and Cachar and in moderate defect in the Brahmaputra valley; in Bengal it was in considerable excess in the north and varied little from the normal over the remainder of the Province; in the Central Provinces it was considerably less than the small normal average; in the Bombay Deccan it was in excess over the greater part of that area and in Madras it was considerably heavier than usual.

May.—During the month of May hot-weather conditions in an exaggerated form prevailed over the greater part of India. As a result the wind force over India was unusually high—a condition which exercised an important influence on the weather. For while the westerly hot winds in the Gangetic Plain were stronger than usual and affected regions not ordinarily under their influence, the local sea winds across the Bengal and North Bombay coasts were considerably in excess of their normal strength, and these winds in their turn by giving frequent and abundant rainfall affected a considerable reduction of temperature over the areas influenced by them. The mean temperature of the month was in slight defect in Lower Sind, Cutch, Kathiawar and Gujarat, the South Deccan and Mysore, and in moderate defect in Burma and Assam. It was on the contrary 2° in excess over the whole of Northern India and the Eastern districts of the Central Provinces. It was upwards of 4° in excess in Bihar, Chota Nagpur and West

Bengal and in the Southern Punjab. There was also a large excess of temperature at the lower hill stations in Northern India. The hottest period of the month was during the last week from the 27th to the 31st. Jacobabad had a maximum temperature of 120° on the 29th, but, in consequence of the peculiar conditions prevailing, the maximum readings in North-West India in this month were not so high as are frequently experienced in May, while on the contrary in the areas of abnormal heat, *viz.* the Madras coast districts, West Bengal, South Bihar and Chota Nagpur, the maxima recorded were very high and in a few cases higher than have been previously registered.

The mean pressure of the whole of India was 0·023″ below the normal pressure of the month. Pressure was in moderate to large defect in Northern India and in local excess over the Peninsula and North Bombay. Abnormally large pressure changes occurred between the 8th and the 13th, when the barometer fell nearly a quarter of an inch in the North Punjab.

The air was somewhat damper than usual in Burma, East Bengal and Assam. It was abnormally dry in West Bengal, Bihar, Chota Nagpur, the North-West Provinces, the Punjab, Rajputana, and Central India, and also at the hill stations in Northern India. At Lucknow, Patna, Hazaribagh, Meerut, Ranikhet, Chakrata and Murree the deficiency in the relative humidity was between 10 and 14. The sky was more cloudy than usual in Burma, East Bengal and Assam. In parts of North-West India and of the Gangetic plain the sky was practically cloudless during the month.

No cyclonic storm formed in the Bay during the month and the permanent advance of the monsoon in the Arabian Sea occurred much later than usual. Hence no rain occurred from these causes and the entire rainfall of the month was due to local thunderstorms. The rainfall was in consequence generally lighter than usual and very irregularly distributed. Burma received steady and almost daily rain during the month; in Assam rain fell more frequently than usual, and in East Bengal thunderstorms occurred between the 8th and 13th and from the 20th to the end of the month. In these three areas the rainfall of the month was in excess of the normal. Over the whole of the remainder of India the rainfall was below the average. The rainfall of the month was actually or practically *nil* over Baluchistan, Sind, Kashmir, Khandesh, Gujarat, Berar, the Central Provinces, Central India, the greater part of Rajputana and of the North-West Provinces and the West Punjab. The principal periods of rainfall were :—in Upper India, the 11th and 12th, the 15th to 18th, and the 22nd and 23rd; in Bengal from the 8th to 13th and in Madras from the 1st to the 4th, the 12th and 13th, the 18th to 21st, and the 23rd to 26th.

June.—It was not until the 5th of June that heavy rain, the first burst of the monsoon, began to fall on the Malabar coast. During this period, the 1st to 5th, temperature was in general excess in India and in defect in Burma, where the weather was showery. The excess of temperature was most marked over the Madras Coast districts where maxima of 116° and 115° were registered. The monsoon advanced with unusual rapidity over the Deccan and Central and North-West India, and was fully established over these areas by the 11th. The advance of the monsoon produced the usual large reduction of temperature, the change between the 5th and the 12th in the Punjab averaging 11°. The mean temperature of the month was, owing to the early advance of the monsoon, below the normal over by far the greater part of Northern India. It was above the normal, however, in North Bengal, Sind and the West and South-West of the Punjab. It was generally in excess over the Peninsula. The variations of the mean maximum and mean minimum temperatures from the normal were similar to the variations of the mean temperature.

Pressure was on the average of the month 0·022″ below the normal over the whole Indian area. The local variations from this general condition were everywhere very small in amount, hence the relative distribution was nearly normal.

Humidity conditions were nearly normal in Burma, Bengal, Orissa and the west and south of the Peninsula. The air was damper than usual over the greater part of the interior of India, while it was drier than usual in the Deccan, the Carnatic and South Madras. The sky was more cloudy than usual except in Assam, the Carnatic and South Madras.

The weather was showery in Burma between the 1st and 6th, but was unusually dry over India. On the 6th heavy rain began to fall in Malabar, extended to the North Deccan and Central Provinces by the 7th and 8th, and to Central India, Rajputana and the South-East Punjab by the 11th. Over the Bay the monsoon increased in strength up to the 10th, when a cyclonic storm formed in South-East Bengal. This storm travelled westward and broke up in Central Rajputana on the 18th, having given heavy rain along its course. A second storm formed in the north-west angle of the Bay on the 19th and subsequently moving north-westward and northward broke up in Rajputana on the 30th. This storm gave excessive and prolonged rainfall to the east of the North-West Provinces and Bundhelkhand. The totals for the month show that the Deccan, South India and the West coast districts of Malabar and the Konkan received less rain than usual, and Gujarat, Kathiawar, Cutch, Rajputana and Central India received much more than the normal. The Central Provinces, Berar and Khandesh received about normal amounts. The Bay current gave excessive rain to Tenasserim, the North-West Provinces and the East and submontane districts of the Punjab, and deficient rain to Lower Burma, Arakan, East and North Bengal and the west of the Punjab. In Deltaic and Central Bengal and Bihar the rainfall was normal.

July.—Large changes of temperature were produced during the month by a series of four cyclonic storms which advanced across Northern India from east to west. Temperature at the commencement of the month was in slight to large excess in the Peninsula and in defect in Northern India. The rainfall due to the first storm reduced temperature everywhere, and on the 10th the mean was below the average everywhere, as much as 5° or 6° in North-West India. Temperature was generally below the normal during the passage of the second and third cyclonic storms, but after the third storm temperature increased and on the 23rd exceeded the normal over the greater part of India. Ordinary monsoon conditions of temperature prevailed at the close of the month. The mean temperature of the month was in slight excess in the Peninsula and in Assam and North Bengal, and was in defect—generally by small amounts—over the remainder of India. The deficiency was, however, considerable in the Punjab, Rajputana, Kathiawar, Cutch and Sind. The day temperatures were considerably higher than usual in the Madras coast districts and considerably lower than usual in North-Western India.

Large and frequent local changes of pressure occurred during the month, but at the close of the month the mean pressure conditions were found to agree closely with the normal. The mean pressure of the whole of India was only ·006″ in excess of the normal.

The air was much damper than usual in North-Western and Central India and the Western Himalayas, and was slightly damper in the Central Provinces, the West coast districts and the West Deccan. It was drier than usual in the South and East Deccan and Southern India, while the humidity conditions were practically normal in Burma and North-East India. The sky was more cloudy than usual over the whole of Burma, and of Northern and Central India, while it was much less cloudy than the normal in Southern India.

The distribution of the rainfall was in part determined by the general set of the monsoon currents and in part by the tracks of the cyclonic storms. Assam, North Bengal and North Bihar received less rain than usual in consequence of the frequent deflection of the currents westward and Southern India had short rains from a similar cause. The total rainfall of the month was very heavy in Tenasserim and Lower Burma, due to heavier and more frequent rainfall than usual; in the hill districts of the North-West Provinces and the Punjab due to the same causes as in the preceding division, and in Gujarat, Kathiawar and Sind due to the heavy cyclonic rainfall received. The rainfall was in defect in Assam, North Bengal and North Bihar, the central and western districts of the North-Western Provinces, and in the greater part of Southern India. In the last district the deficiency was considerable. In the remaining portions of India the rainfall was more or less in excess.

August.—As was the case in the previous month the changes of temperature were considerable. At the commencement temperature was low relatively to the normal in Northern and Central India and in Burma and high in the Peninsula. This continued till the 7th, when temperature rose in Northern India and fell in the Deccan. Temperature averaged 4° in excess in the Punjab on the 10th, and, except on the 11th and 12th, remained relatively high until the 16th all over North-West India. On the 18th and 19th it was below the average over nearly the whole of India and in most Provinces remained relatively low till the close of the month. The means for the whole month showed a moderate defect of temperature over the North-West Provinces and a slight defect over all the other Provinces, except Bombay and Madras, where there was a slight excess. The day temperatures were generally below the normal over Northern India and above over the Peninsula.

The mean pressure of the whole of India was 0·022″ below the normal. The areas of principal defect were the Punjab, Burma and the southern half of the Peninsula.

The air was damper than usual in the North-West Provinces, the Punjab, Central India, and at the hill stations in Upper India; it was drier than usual in Berar, South India and Baluchistan. Elsewhere the humidity conditions were practically normal. The sky was more than usually cloudy over nearly the whole country, but particularly so in Northern and Central India.

During the first fortnight of the month, owing to the deflection of the Bombay monsoon current the greater part of the Punjab, Sind, Rajputana, Cutch, Kathiawar, Gujarat and the west of Central India received little or no rain, while Burma, Bengal, the North-West Provinces, the Central Provinces and the Deccan had daily or frequent rain. Subsequently rain extended northward and westward and during the latter part of the third week and for some days afterwards, rain was general in Northern and Central India. After the 23rd or 24th the rainfall decreased again in Northern India, but the greater part of Madras on the contrary received favorable rain. The totals for the month showed that the rainfall had been about normal in the Central Provinces and the Bombay Deccan, in more or less excess in Burma, Bengal, the North-West Provinces, the greater part of the Punjab, Malabar, Hyderabad and Madras, and in defect in the west of the Punjab, Sind, Rajputana, Cutch, Kathiawar, Gujarat, Khandesh, Berar, the Konkan and the greater part of Central India.

September.—During the first few days of the month temperature was in slight excess in the Central Provinces, Berar, Bengal and the North Punjab and in slight defect elsewhere. Rain fell between the 4th and 7th, occasioning a considerable reduction of temperature in the Punjab and North-West Provinces. At the same time the temperature rose in the Peninsula, but this rise was not maintained, and on the 9th the mean was below the normal by moderate amounts over nearly the whole of India. During the next five days the temperature rose and was in excess on the 13th, 14th and 15th, nearly everywhere. Between the 16th and the 22nd temperature was generally in excess in the north-west and in defect in the north-east. After the 22nd the sky cleared and temperature increased and was more or less in excess in Northern India, though it was in defect in Western India, where increasing rainfall was received. The monthly means showed that temperature conditions had differed from the normal by very small amounts. There had been a slight defect in the Peninsula and in the submontane districts of Northern India and a slight excess in the intermediate belt.

The mean pressure of the month for the whole of India was 0·018 below the normal. The pressure conditions had varied from the normal much less than is ordinarily the case.

The air was considerably damper than usual over nearly the whole of the Punjab, Rajputana, the North-West Provinces, Central India, the Central Provinces and the North Deccan, and slightly damper in Burma and the Circars. It was on the contrary drier in Bengal and about normal elsewhere. The sky continued more cloudy than usual.

Three disturbances or cyclonic storms affected the weather during September, while in addition the monsoon currents were much steadier than they usually are. Hence the rainfall of the month was above the average over nearly the whole of India. The principal rainfall periods connected with the Bengal current were:—between the 1st and 9th, when Bengal, the North-Western Provinces and the south and east of the Punjab received general rain; between the 15th and 21st, when Bengal and the east of the North-West Provinces received light to heavy rain; and between the 27th and 30th, when Bengal had moderately heavy and the Gangetic Plain light to moderate rain. The Bombay current gave steady rain between the 1st and 17th, then followed a short break, but from the 22nd to the end of the month rainy weather prevailed steadily. The rainfall of the month was normal or in excess over the whole of India, except Arakan, Lower and South-West Bengal, the west and south of the Peninsula, and Sind. The excess was large in Tenasserim, North Bengal, the west of the Central Provinces, and Hyderabad.

October.—The weather during October was exceptional over a large part of the country. A storm in the early days of the month gave heavy rain and hence caused a considerable reduction of temperature over the North-West Provinces, while from the 17th to the 28th the weather, first of the Bay area, secondly of the whole of the Peninsula, and thirdly of Kathiawar and Central India, was affected by a complicated depression which gave heavy rain and a relatively low temperature to a large part of the country. In consequence of these changes the temperature varied a good deal from time to time, but the totals for the month showed only small departures from the normal. The mean temperature was in slight defect in Baluchistan, the Indus Valley, Cutch, Kathiawar, the North-West Provinces and Burma, and in excess over the remainder of India. The variations were in the majority of cases less than 1°.

Pressure was in considerable defect generally, the mean on the average of all stations was 0·033" below the normal of the month. The deficiency was greatest along the foot of the Himalayas.

The air was slightly damper than usual over Bengal and Assam, and much damper in Chota Nagpur, Bihar, the North-West Provinces, Central India, the Central Provinces and the Deccan. It was slightly drier than usual in Burma, East Rajputana, the Punjab, Sind and Baluchistan, and held the normal amount of moisture in Madras and Bombay. The sky was less cloudy than usual over Baluchistan and Upper India, but was generally more cloudy elsewhere.

Nearly the whole of the rainfall of the month occurred in connection with the two abnormal disturbances of the month. The first was an ordinary storm which first gave moderate rain to Bengal, Chota Nagpur and Bihar, and an excessive burst of rain to the east and centre of the North-West Provinces. During the second period of disturbance two storms were formed, one over the Bay and the second over the Arabian Sea. The first gave moderate to heavy rain to Madras, South India and the Deccan, the second gave prolonged heavy rain to Kathiawar, Gujarat, North Bombay, Central India and the North-West Provinces. The rainfall of the month was exceptional. It was practically *nil* in the Punjab, Sind, Baluchistan and the greater part of Rajputana, and in defect in Burma and in several districts of Southern India. Elsewhere it was in excess, very largely so in the North-West Provinces, Gujarat, Kathiawar and Central India.

November.—The weather during the first week of November was disturbed by a storm which passed from the Bay to the North-West Provinces and gave abnormal rainfall to a large part of the country. Temperature was largely affected by this rainfall and the changes were large and irregular. During the last fortnight of the month fine clear settled weather prevailed over nearly the whole of India and the mean temperature was nearly normal, though a cool wave affected Burma, the Andamans, Madras and the Deccan between the 12th and the 21st. The mean temperature of the month was in slight to moderate excess in the Punjab, Sind and Baluchistan, and was generally in defect elsewhere. The day temperatures were considerably lower than usual over the greater part of India.

The relative distribution of pressure differed to a very slight extent from the normal, but the mean pressure of the whole of India was 0·038" above the normal.

The air was considerably drier than usual in the Andamans and Burma, and somewhat drier in the Punjab, Baluchistan, Sind and the west of the Peninsula. On the other hand the air was much drier in Bihar, Chota Nagpur, the Central Provinces, Central India and the Deccan. The cloudiness was more or less excessive except in North-East India, the west coast and the Deccan.

The south-west monsoon current withdrew unusually early from the Bay. On the other hand a cyclonic storm passed from the Bay into Madras, the Deccan, the Central Provinces and the North-West Provinces, giving heavy rain over a very large area. In consequence the general rainfall was in excess in the north and centre and in defect elsewhere. Three rainfall periods were experienced :—From the 1st to the 7th, when the whole of India, except Upper India, received more or less general rain; from the 15th to the 19th, when South India obtained moderate showers; and from the 24th to the 30th, when the southern half of the Peninsula received daily showers. No rain fell during the month in Baluchistan, the West Punjab, Sind, Kathiawar, Khandesh and Rajputana, while the Konkan, Malabar, Madras, Burma and Arakan had a greater or less deficiency.

December.—Abnormal weather conditions prevailed over India during the month of December. In Southern India the weather was unusually fine and dry and temperature was high over that region as well as over Central India, the Central Provinces, Berar and the North Deccan. On the other hand, the weather was unusually disturbed over Northern India and the changes of temperature during the month in this region were very extensive. Four depressions passed from Baluchistan into North-West India and each disturbance brought with it a large rise and fall of temperature. In the case of the third storm (23rd and 25th) the passsage of the storm was accompanied at several stations in Rajputana and Central India by a total fall of temperature ranging from 15° to 20°. The mean temperature of the month was slightly lower than usual in North-Western India and the diurnal range of temperature largely below the normal, while the mean was in moderate to considerable excess in Central India, Berar, the Bombay Deccan and the Central Provinces. The excess ranged from 2° to 5° and was most marked in the Central Provinces and Berar. Temperature was in slight excess in North-East India and the southern half of the Peninsula and was normal in Burma.

The mean pressure conditions of the month at the level of the plains differed little from the normal, but at the level of the hill stations pressure was in defect to a considerable extent.

The air was drier than usual in Burma, the Andamans and the south of the Peninsula, and much drier in Sind. It was, on the contrary, slightly damper than usual in Bengal, Assam and Orissa, and much damper in Bihar, the North-West Provinces, the Punjab, Rajputana, Central India and the Central Provinces. The sky was more cloudy than usual in the north and centre.

Owing to the early withdrawal of the retreating south-west monsoon from the Bay area the rainfall of the month was small in amount and largely in defect of the normal over the Coromandel Coast and South Madras. On the other hand, in North-West India a series of disturbances of the ordinary cold-weather type gave more frequent rain than usual. The chief periods of rainfall were:—From the 2nd to the 5th in North-West India; from the 8th to the 15th in North-West and Central India; from the 20th to the 22nd in Rajputana and Central India and the Central Provinces; from the 22nd to the 26th in North-West India and from the 28th to the 31st in Kashmir and the North Punjab. The rainfall of the month was excessive over the North-West Provinces, the Punjab, Central India and Rajputana, and was normal or in defect elsewhere. The rainfall was unusually heavy in the Punjab, while it was very scanty in Burma and the Peninsula.

Year.—The weather of the whole year was more disturbed than usual, more especially as regards the cold-weather period and the South-West monsoon period. In the former period the weather was disturbed by a succession of storms giving a considerable amount of rain and snow, while the South-West monsoon current, though later than usual in being established on the west coast districts, yet advanced with unusual rapidity into the interior and was unusually steady during June, July and August. The mean temperature was considerably below the normal in North-West India in January and slightly below the normal in February, while in North-East and Central India and the Peninsula it was normal or slightly excessive. The hot-weather period from March to May was not generally remarkable, but the intensity of the heat in Bihar and Chota Nagpur was phenomenal, and the contrast between the high temperatures of West Bengal and the low temperatures of East Bengal was very noteworthy. The hottest period in 1894 extended from the 16th to the 29th of May. During the period June to September the mean temperature was in slight to moderate defect in the Punjab, the North-West Provinces, Rajputana, Central India and the Central Provinces, and was practically normal elsewhere. The rainfall of the last three months of the year was more abundant than usual and was irregularly distributed, but the temperature conditions showed comparatively little departure from the normal. There was, however, a slight deficiency of heat in Burma and a slight excess in Central India, West Bengal and the Deccan.

The pressure of the whole country was below the normal average in all months except February, November and December. The most marked deficiency was in October.

The air was damper than usual in the two cold-weather months of January and February, drier than usual in the hot-weather months of March, April and May, and damper again in June. In July and August the aqueous vapour present was about normal, while throughout all the remaining months the air was damper than usual. In nearly all the months of the year the amount of cloudiness was in excess. Only in May and September was there any deficiency, and then only slight.

The rainfall of the whole year showed a general excess. In the cold-weather period the excess for the whole country was only ¼ of an inch. This was produced by a large to considerable excess in North-Western and Central India and part of the Peninsula, and by a slight deficiency elsewhere. During the hot weather, March to May, there was again more rain than usual, the excess in this case being as much as 0·87 inch and due to very heavy rain in the two Peninsulas and the Bay Islands and light rain elsewhere. During the monsoon period the excess of rainfall continued and increased and amounted to an average of 4·36 inches. During this period the only important instances of deficient rainfall were the Bay Islands, the Nilgiris, Assam, East Bengal and Lower Bengal. In all other places the rainfall was heavier than the normal. In the last two months of the year the rainfall for the first time during the year was deficient, the deficiency amounting to 0·58″. This result was due to largely deficient rainfall during the north-east monsoon period, so that Burma and the Bay Islands and the whole of the Peninsula had much less than the ordinary supply. In Northern India on the contrary the rainfall was in excess by considerable amounts.

Appendix to Section I.

TABLE I.—*Showing the mean monthly* BAROMETRIC PRESSURE *and its variation from the average in thirty-four stations of India during 1894.*

STATIONS.	JANUARY.		FEBRUARY.		MARCH.		APRIL.		MAY.		JUNE.		JULY.		AUGUST.		SEPTEMBER.		OCTOBER.		NOVEMBER.		DECEMBER.	
	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.
Calcutta (Alipore)	29·984	—·032	29·965	+·013	29·825	—·030	29·728	—·022	29·608	—·053	29·531	—·015	29·539	+·001	29·583	—·013	29·682	—·004	29·805	—·030	29·995	+·034	30·025	+·004
Naraingan j†	29·969	—·037	·952	—·001	·821	—·029	·745	—·011	·635	—·052	·563	—·010	·572	+·007	·608	—·008	·704	—·002	·812	—·021	·987	+·045	·010	+·008
Chittagong	·917	—·028	·905	0	·799	—·031	·730	—·018	·642	—·030	·548	—·019	·564	+·005	·595	—·009	·662	—·008	·769	—·017	·916	+·041	29·940	+·005
Sibsagar .	·681	—·051	·666	—·004	·536	—·053	·461	—·037	·363	—·063	·280	—·027	·284	—·002	·306	—·026	·416	—·013	·510	—·057	·699	+·023	·738	+·008
Silchar .	·903	—·030	·887	0	·764	—·041	·694	—·029	·605	—·045	·513	—·026	·518	—·008	·558	—·017	·645	—·001	·755	—·020	·911	+·053	·935	+·003
Cuttack .	·919	—·039	·898	0	·765	—·037	·666	—·030	·549	—·060	·473	—·028	·492	—·008	·522	—·029	·602	—·033	·738	—·045	·934	+·042	·961	—·005
Hazaribagh	27·955	—·025	27·952	+·013	27·842	—·024	27·745	—·029	27·643	—·044	27·555	—·022	27·566	—·003	27·590	—·030	27·693	—·018	27·814	—·053	27·987	+·022	27·991	—·005
Patna .	29·827	—·039	29·809	+·008	29·651	—·026	29·527	—·020	29·384	—·084	29·335	—·014	29·364	+·009	29·393	—·024	29·502	—·015	29·636	—·048	29·847	+·030	29·880	0
Darjeeling .	22·944	—·013	22·992	+·058	22·923	—·024	22·934	—·004	22·870	— 044	22·847	—·012	22·862	+·001	22·867	—·032	22·937	—·022	22·987	—·032	23·048	+·016	23·012	+·009
Allahabad .	29·708	—·023	29·682	+·004	29·543	—·011	29·399	—·027	29·266	—·058	29·174	—·028	29·223	+·014	29·254	—·021	29·352	—·029	29·503	—·055	29·714	+·030	29·745	—·003
Lucknow .	·654	—·016	·645	+·036	·503	+·010	·348	—·015	·205	—·067	·130	—·020	·168	+·013	·190	—·033	·302	—·023	·448	—·052	·654	+·022	·689	+·001
Meerut .	·278	—·006	·242	+·010	·109	—·008	28·970	—·025	28 828	—·055	28·738	—·021	28·793	+·026	28·799	—·034	28·911	—·029	·065	—·053	·264	+·018	·301	+·003
Delhi* .	29·314	—·022	·295	+·013	·173	—·011	29·045	—·014	28·913	?	28·820	—·014	28·852	+·029	28·859	—·026	28·981	—·024	29·130	—·046	29·324	+·026	29·357	+ 001
Agra .	·478	—·002	·443	+·008	·311	—·006	29·157	—·035	29·030	—·049	·923	—·031	·969	+·011	·988	—·039	29·102	—·039	·255	—·059	·464	+·022	·505	—·004?
Jhansi* .	29·213	0	·183	+·015	077	—·001	28·940	—·021	28·828	—·022	28·703	—·030	28·730	+·015	·754	—·020	·870	—·019	·021	?	·213	+·039	29·236	+·010
Ajmere .	28·399	—·009	28·371	—·002	28·277	—·006	·162	—·023	·074	— 008	27·950	—·032	27·953	+·002	27·995	—·025	28·097	—·028	28·245	—·047	28·411	+·016	?	?
Saugor .	28·217	—·006	187	+·006	·110	+·005	27·990	—·029	27·916	+·001	·805	—·018	·816	+·015	·849	—·011	27·930	—·020	·071	—·037	·244	+·041	28·242	+·006
Jubbulpore	28·653	—·011	·625	—·005	·538	—·004	28·409	—·030	28·320	—·015	28·233	—·011	28·239	+·006	28·277	—·009	28·351	—·028	·494	—·044	·679	+·028	·681	— 006
Mooltan .	29·648	— 021	29·613	+·028	29·473	+ 008	29·299	—·035	29·128	—·061	29·008	—·029	29·068	+·046	29·071	—·026	29·218	—·014	29·389	—·046	29·605	+·017	29·667	+·020
Lahore .	·327	—·001	·301	+·016	·166	—·004	·010	—·026	28·851	—·064	28·749	—·021	28·812	+·039	28·804	—·042	28·944	—·025	·096	—·056	·304	+·019	·355	+·004
Peshawar .	28·953	+·010	28·921	+·013	28·799	—·015	28·678	—·013	·508	—·041	·358	—·028	·400	+·041	·397	—·033	·558	—·025	28·730	—·050	28·926	+·022	28·975	+·012
Ranikhet .	24·093	—·017	24·141	+·057	24·078	—·007	24·058	—·005	23·989	—·027	23·917	—·019	23·935	+·017	23·925	—·023	24·014	—·016	24·099	—·017	24·182	+·028	24·155	+·013
Chakrata .	23·234	—·028	23·350	+·042	23·299	— 029	23·301	—·010	·251	—·025	·173	—·017	·186	+·022	185	—·024	23·264	—·010	23·340	—·027	23·399	+·021	23·360	—·010
Indore* .	28·195	—·006	28·178	+·010	28·113	0	28·021	—·012	27 973	+·024	27·826	—·026	27·816	—·002	27·870	—·009	27·948	—·019	28·072	—·037	28·228	+·041	28·213	—·011
Deesa .	29·535	—·004	29·504	—·002	29·427	+·003	29·304	—·023	29·245	+·017	29·092	—·031	29·091	—·006	29·158	—·015	29·260	—·023	29·374	—·043	29·549	+·040	29 549	—·001
Karachi .	30·025	+·015	Obs. imperfect (rejected).				·736	—·043	·663	+·012	·482	—·034	·479	—·004	·541	—·030	·680	—·020	·809	—·044	·992	+·031	30·040	+·013
Bombay .	29·939	—·013	29·929	+·005	29·562	—·014	·793	—·013	·796	+·030	·648	—·021	·670	—.006	·706	—·021	·769	—·016	·819	—·023	·944	+·044	29·957	+·009
Belgaum .	27·419	—·017	27·421	+·004	27·363	—·021	27·316	—·008	27·300	+·017	27·234	—·015	27·248	—·003	27·251	—·024	27·293	—·022	27·331	— 025	27·424	+·027	27·435	+·001
Nagpur .	28·945	—·010	28·919	+·009	28·821	—·002	28·704	—·019	28·622	—·012	28·546	—·017	28·570	+·009	28·595	—·017	28·649	—·029	28·792	—·029	28·973	+·038	28 981	—·003
Bellary .	28·482	+·002	·474	+·031	·389	—·002	324	+·004	·303	+·026	·252	—·014	·281	0	·274	—·021	·310	—·024	·366	—·016	28·494	+·051	·507	+·022
Bangalore .	26·966	—·035	26·976	—·010	26·915	—·034	26·865	—·033	26·846	—·004	26·808	—·017	26·829	—·013	26·806	—·050	26·841	—·050	26 876	—·031	26·970	+·021	26·983	+·004
Madras .	29·977	—·015	29·979	+·011	29·885	—·023	29·802	—·021	29·725	—·010	29·681	—·020	29·719	—·003	29·713	—·034	29·754	—·020	29·818	—·021	29·953	+·034	29·989	+·014
Rangoon .	29·891	—·061	·915	+·002	·838	—·030	·767	—·036	·747	—·011	·716	—·022	·734	—·003	·726	—·031	·754	—·032	·848	+·001	·934	+·038	·938	0
Akyab .	·952	—·046	·963	+·009	·876	—·033	·804	—·028	·738	—·023	·655	—·022	·666	—·006	·692	—·016	·746	—·018	·853	0	·984	+·059	·997	+·007

* The barometric means for these stations are the means of 8 hours only.

† Dacca for January 1894.

Appendix to

TABLE II.—*Showing the highest, lowest, and mean* TEMPERATURE, *in shade and its*

STATIONS.	JANUARY.				FEBRUARY.				MARCH.				APRIL.				MAY.				JUNE.			
	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.
Calcutta (Alipore)	84·1	50·1	66·0	+0·8	91·5	54·1	72·4	+2·6	98·8	59·8	80·0	+0·6	103·3	65·1	84·4	−0·4	105·1	71·6	87·4	+2·3	96·9	72·4	83·9	−0·8
Naraingunj† .	84·0	51·4	67·0	+1·0	90·7	54·6	72·9	+3·0	97·3	61·2	79·4	+0·9	99·5	68·1	81·9	−0·4	96·0	67·7	83·5	+0·9	91·4	73·1	82·7	−0·4
Chittagong .	83·0	49·6	65·9	−0·2	89·1	51·1	72·3	+2·2	91·7	62·1	76·6	−0·2	96·0	66·0	80·6	+0·1	94·2	68·6	81·0	−0·1	89·5	72·2	80·1	−0·4
Sibsagar . .	73·2	43·1	57·9	+0·1	82·0	49·2	64·3	+3·2	90·4	55·7	68·0	+0·4	92·2	63·0	73·9	+0·8	93·4	68·0	76·9	−0·4	96·3	70·5	81·3	−0·2
Silchar . .	82·0	45·7	63·8	+0·5	88·7	52·4	69·7	+2·8	93·3	56·9	73·4	0	97·2	62·2	78·2	+0·5	96·6	68·3	79·3	−0·2	96·8	71·8	81·9	+0·3
Cuttack . .	91·8	54·5	72·1	+1·3	98·2	60·4	78·1	+2·6	103·5	67·0	84·2	+2·0	109·3	70·0	86·7	+0·2	111·1	76·6	91·1	+3·4	105·3	74·8	84·4	−1·4
Hazaribagh .	81·8	42·3	61·8	+1·0	88·5	50·2	67·7	+2·1	96·9	53·7	75·8	+0·3	103·2	66·1	84·5	+0·5	108·7	70·1	89·6	+4·4	105·3	73·1	81·5	−0·7
Patna . .	80·1	45·4	62·6	+2·1	85·7	50·4	67·6	+2·5	99·3	54·2	76·8	−0·4	104·7	65·2	85·9	−0·7	113·9	75·3	91·7	+4·5	105·2	76·0	85·6	−1·6
Darjeeling . .	63·2	31·2	39·6	+0·4	56·3	34·8	44·2	+3·5	71·9	35·6	48·3	−0·5	69·0	43·1	54·5	+0·8	67·8	49·3	58·5	+2·6	70·6	53·8	60·4	+0·6
Allahabad . .	82·9	43·7	62·5	+2·0	88·7	51·4	66·8	+1·4	98·9	53·1	75·7	−2·6	107·3	63·6	87·3	−0·3	114·4	71·2	95·6	+3·7	113·9	76·5	89·3	−1·6
Lucknow . .	81·4	42·2	61·9	+1·0	90·3	46·2	65·2	+0·4	98·3	49·0	74·2	−2·3	107·0	59·0	85·8	−1·6	114·0	66·3	94·0	+3·2	111·8	75·1	89·4	−2·2
Meerut . .	75·0	40·3	55·9	−0·2	83·9	42·1	61·2	+0·2	96·5	47·1	69·3	−2·2	106·5	60·1	82·5	+0·2	111·8	65·8	90·4	+2·2	111·6	71·5	88·8	−2·3
Delhi* . .	73·1	44·1	57·1	−2·5	82·1	44·6	62·4	−1·0	94·6	50·6	71·2	−4·0	106·1	66·9	85·9	−1·0	111·8	68·1	94·7	+3·0	113·5	76·0	92·8	−1·1
Agra . . .	78·1	43·5	59·8	+1·0	85·6	45·2	65·1	+0·8	102·3	48·9	74·3	−2·0	112·5	66·3	88·2	+0·2	115·5	73·8	95·9	+3·2	116·2	77·7	91·9	−2·7
Jhansi* . .	84·4	46·9	63·9	+0·6	93·6	51·9	69·2	+1·8	102·1	57·4	79·1	−0·2	112·2	71·4	90·5	+0·6	114·2	76·4	97·9	+3·1	113·7	72·9	91·1	−2·5
Ajmere . .	79·2	40·9	59·8	+2·2	85·4	44·8	66·4	+3·8	99·6	44·8	73·6	+0·4	106·9	61·2	85·9	+0·8	107·9	73·6	92·0	+2·4	105·4	73·1	86·3	−2·3
Saugor . .	86·9	44·0	63·9	+0·9	91·5	49·7	71·3	+4·1	98·8	49·3	77·5	−0·6	109·4	67·4	87·6	+0·9	109·8	71·3	91·8	+2·2	108·6	71·6	83·6	−2·1
Jubbulpore .	86·6	40·9	63·2	+1·6	91·7	51·4	70·6	+4·4	98·0	48·3	75·6	−1·3	108·4	63·2	86·1	−0·1	110·7	66·4	92·1	+1·2	109·4	71·6	83·8	−2·3
Mooltan . .	76·3	37·5	53·1	−0·9	83·3	37·6	60·7	+2·3	101·9	49·2	70·3	−0·7	109·9	61·2	84·0	+2·6	114·5	72·1	94·4	+4·4	115·7	79·1	95·5	+2·1
Lahore . .	69·8	38·2	51·8	−0·1	76·1	38·2	57·6	+1·0	96·3	46·2	66·8	−1·0	106·3	58·4	80·9	+1·0	111·9	67·9	91·0	+4·5	115·5	73·7	90·7	−0·3
Peshawar . .	67·7	33·4	47·7	−1·9	78·1	34·0	55·4	+3·1	90·5	41·1	61·8	−1·4	100·0	55·0	73·2	+0·9	108·5	60·4	85·0	+2·6	114·0	69·0	91·5	+1·9
Ranikhet . .	62·2	33·0	44·6	−1·6	63·4	32·4	48·0	+0·5	75·4	37·9	55·5	−1·2	81·3	48·9	65·5	+0·8	88·4	54·0	72·7	+5·2	86·5	58·3	69·9	−0·9
Chakrata . .	61·5	29·2	39·0	−2·8	59·9	28·9	42·6	+0·8	72·1	31·5	50·5	−1·6	76·7	47·8	61·1	+1·4	85·3	49·6	68·2	+3·7	82·5	54·9	66·2	−1·1
Indore* . .	87·0	43·1	64·4	−0·2	91·5	44·6	71·4	+4·4	97·5	46·6	75·7	−0·9	107·1	62·1	84·6	−0·1	106·1	70·6	89·2	+0·3	102·1	71·1	83·1	−1·4
Deesa . .	89·5	50·1	68·0	+0·5	95·9	45·8	73·2	+2·8	105·1	49·8	80·3	−0·5	113·2	65·0	88·5	+1·2	112·9	70·3	90·8	−0·3	108·2	73·0	87·0	−3·0
Karachi . .	80·0	43·2	62·2	−3·0			Obs. imperfect (rejected)						108·0	65·2	81·7	+2·5	94·9	71·9	83·7	−0·2	98·0	77·7	87·2	+0·3
Bombay . .	87·3	65·8	74·8	+1·7	88·6	64·6	77·1	+2·0	91·0	67·6	79·8	+1·0	91·4	74·2	82·5	−0·1	92·5	79·3	85·0	+0·3	93·0	74·5	83·0	−0·2
Belgaum . .	87·2	54·6	70·0	+0·1	93·4	55·0	73·1	+0·3	96·5	60·1	77·2	0	97·5	62·9	78·3	−1·0	98·0	63·9	77·1	−0·5	94·5	63·4	72·6	+0·2
Nagpur . .	92·1	49·6	69·1	+0·9	98·0	58·2	76·0	+2·2	100·8	58·2	83·6	0	111·4	67·1	89·5	−0·8	115·2	73·6	96·2	+2·0	111·8	71·6	84·3	−1·5
Bellary . .	92·9	56·1	73·3	+0·1	98·5	58·7	79·0	−0·6	105·0	63·1	85·3	−0·5	104·5	72·1	88·3	−1·1	105·0	69·5	87·7	−0·9	103·3	71·9	83·5	+0·7
Bangalore . .	87·8	52·1	68·9	+1·1	91·7	53·5	72·2	+0·6	97·1	59·0	78·9	+1·9	95·6	58·6	79·0	−2·0	92·9	63·5	78·3	−0·8	90·1	64·3	74·8	+0·1
Madras . .	91·2	60·6	75·1	−0·4	89·2	62·5	77·0	−0·1	98·3	68·5	81·3	+0·5	103·6	73·5	84·3	−0·5	109·4	77·1	88·9	+1·7	109·7	78·3	88·3	+1·1
Rangoon . .	93·4	57·0	74·4	+0·6	97·0	62·8	79·1	+3·1	100·2	68·0	82·1	+1·9	102·6	72·9	84·9	+0·4	92·2	73·4	79·7	−3·3	89·1	73·6	78·8	−0·5
Akyab . .	87·2	53·1	69·5	−0·7	92·2	55·7	73·9	+1·6	97·1	61·8	79·8	+1·7	94·6	70·2	83·2	+0·4	95·3	69·2	82·3	−1·0	88·8	75·1	80·1	−1·2

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† Dacca for January 1894.

* The mean temperature for these stations

Section I.

variation from the average of each month in thirty-four stations of India during 1894.

July.				August.				September.				October.				November.				December.				
Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Stations.
90·8	75·7	82·1	−0·9	90·6	75·2	82·1	−0·3	90·6	75·8	82·1	−0·2	88·4	65·9	80·1	+0·2	85·6	59·2	71·6	−0·7	81·7	51·2	66·5	+1·3	Calcutta (Alipore)
92·1	74·2	82·3	−0·9	90·8	75·9	81·6	−1·1	90·7	75·6	83·0	+0·1	89·5	67·7	81·3	+1·0	86·7	61·0	73·4	−1·1	79·9	53·0	68·1	+0·6	Narainganj.†
89·7	73·8	79·5	−0·5	89·7	73·2	79·3	−0·4	89·5	75·1	81·1	+0·6	89·2	68·1	79·3	+0·2	87·2	59·2	73·0	−1·0	80·7	52·5	67·7	+0·3	Chittagong.
96·2	74·0	83·0	−0·2	93·3	75·2	81·1	−1·4	89·3	73·0	78·7	−2·1	91·6	64·2	77·1	+0·9	83·3	51·0	67·8	+0·2	74·3	43·2	59·2	+0·5	Sibsagar.
97·4	74·5	82·9	+0·7	94·1	74·3	82·2	−0·2	93·6	73·3	81·7	+0·2	93·8	65·2	78·6	−0·5	88·3	56·4	71·9	−0·7	83·6	51·4	66·9	+1·2	Silchar.
93·0	74·2	81·5	−1·0	93·4	74·0	82·4	−0·2	94·7	76·8	83·1	+0·6	92·0	71·4	81·5	+0·8	89·2	60·8	74·5	−0·1	84·7	52·5	70·4	+1·0	Cuttack.
88·7	69·3	77·1	−1·1	87·8	67·8	76·7	−0·5	89·0	71·3	77·2	+0·3	87·2	57·9	73·9	+0·6	81·0	52·8	65·5	−1·2	77·8	42·2	60·9	+0·5	Hazaribagh.
95·7	74·6	83·7	−0·5	91·5	75·8	81·9	−1·7	93·4	75·4	82·6	−0·9	90·5	64·3	79·2	0	83·0	57·3	70·6	+0·3	78·5	46·9	64·1	+1·7	Patna.
69·7	56·1	61·1	+0·1	67·9	55·7	60·3	−0·3	67·1	53·7	58·7	+0·2	66·2	44·8	55·7	+1·2	59·0	37·2	46·9	−0·6	57·3	31·9	42·3	+0·4	Darjeeling.
96·0	75·3	83·5	−1·0	91·8	74·4	81·4	−1·9	95·2	74·9	83·1	0	91·7	58·6	77·3	−1·4	82·1	51·5	67·9	+0·5	80·2	44·9	62·0	+2·2	Allahabad.
98·3	75·1	83·9	−1·0	91·3	75·1	81·2	−2·8	96·3	75·1	83·0	−0·9	93·0	55·9	73·3	−0·5	83·3	48·5	67·1	+0·2	78·4	43·2	60·1	+0·4	Lucknow.
96·7	74·6	83·9	−1·5	94·5	74·9	82·4	−1·6	94·9	70·0	81·4	−1·5	94·5	51·3	75·8	+0·1	85·1	46·6	64·6	+0·9	76·8	41·4	57·4	+0·2	Meerut.
98·0	75·4	85·8	−1·4	97·0	74·9	84·0	−1·4	96·0	73·4	83·3	−1·4	96·5	59·4	79·7	−0·2	87·5	51·4	68·4	−0·8	79·0	44·4	59·2	−2·3	Delhi.*
97·5	74·8	85·5	−1·4	96·7	74·8	83·0	−2·0	94·5	71·8	83·1	−0·3	95·8	56·9	78·0	+0·2	87·6	47·9	68·0	+0·3	81·8	42·5	64·4	−0·6	Agra.
93·1	74·9	82·9	−1·7	94·1	73·9	82·5	−0·1	96·1	71·9	83·4	+0·4	95·6	60·9	79·2	−1·3	86·6	52·4	70·3	−0·1	85·6	45·9	65·1	+0·7	Jhansi.*
92·4	72·0	79·6	−2·3	92·0	72·4	79·7	0	94·9	68·2	81·0	−0·6	96·0	52·4	77·2	+2·2	87·5	45·8	65·6	+0·1	84·4	39·4	60·2	+1·2	Ajmere.
88·9	71·6	77·5	−0·1	87·3	69·8	76·8	+0·3	90·3	69·9	78·4	+1·2	91·8	55·9	75·3	+0·2	83·1	50·8	67·8	−0·1	82·1	45·4	64·8	+1·5	Saugor.
89·4	70·2	77·5	−1·6	89·4	68·6	77·3	−0·7	89·7	70·8	78·2	−0·4	89·6	53·8	74·7	+0·8	82·1	47·5	65·5	−0·9	82·1	40·9	63·4	+3·8	Jubbulpore.
106·4	76·1	91·7	−0·2	104·9	76·9	90·5	+0·8	105·8	70·5	88·6	+1·6	101·9	53·2	79·2	+2·0	91·8	45·7	66·2	+1·1	81·5	40·5	57·3	+1·2	Mooltan.
98·3	75·1	85·8	−2·2	102·8	76·6	86·8	+0·4	101·0	67·9	84·3	+0·7	100·6	51·8	76·7	+2·5	87·9	43·4	63·5	+1·5	77·3	38·4	53·9	0	Lahore.
107·5	74·1	88·0	−1·6	105·0	72·7	88·3	+1·0	99·0	65·6	83·0	+1·2	96·0	47·5	71·9	+1·0	84·6	38·4	59·7	+1·7	75·1	30·4	50·6	0	Peshawar.
76·7	60·4	67·1	−1·0	77·7	59·4	65·8	−1·1	75·9	56·2	64·5	−1·1	73·6	48·3	60·4	−0·5	66·4	38·8	51·9	−2·2	60·5	35·4	45·6	−3·9	Ranikhet.
74·6	57·2	63·9	−0·6	73·3	57·1	63·2	−0·2	72·5	54·4	61·8	+0·1	72·9	45·2	58·0	+1·2	66·3	36·2	48·7	−2·0	57·3	29·3	41·0	−4·8	Chakrata.
89·5	68·1	77·0	−1·2	87·5	68·6	76·8	−0·3	89·0	68·6	78·1	+0·6	92·0	55·6	75.2	−0·2	82·5	47·6	65·9	−1·9	84·5	42·6	?	?	Indore.*
94·6	72·0	80·3	−3·5	92·0	70·9	80·4	−1·1	99·2	72·3	82·5	+0·7	102·3	56·9	80·8	+0·2	94·0	51·1	72·8	−0·9	92·9	40·6	67·7	−0·3	Deesa.
93·9	72·9	81·4	−2·5	90·2	76·7	81·7	−0·2	89·8	74·2	81·7	+0·3	98·8	61·2	79·3	−0·2	89·2	55·8	74·4	+0·6	86·2	46·0	64·6	−2·4	Karachi.
87·5	74·1	80·5	−0·4	87·2	74·0	80·4	+0·5	86·2	73·3	78·7	−1·0	89·4	72·3	80·1	−1·0	89·0	68·1	77·7	−1·3	88·1	64·0	74·9	−1·0	Bombay.
77·4	64·8	69·5	−0·6	80·0	64·2	69·8	+0·2	81·6	61·8	69·7	−0·7	89·2	58·7	71·6	−0·6	85·2	53·9	70·3	−0·4	85·2	53·4	69·8	+0·5	Belgaum.
91·8	72·3	79·5	−0·5	93·0	69·8	79·6	−0·7	92·3	70·5	79·4	−1·0	94·1	59·2	79·4	+0·7	84·7	52·7	70·7	−1·7	84·8	47·0	68·4	+2·5	Nagpur.
97·4	71·5	80·6	0	93·9	71·8	80·6	−0·4	94·4	71·0	80·1	0	96·9	67·8	78·2	−0·5	?	57·1	?	?	?	55·9	?	?	Bellary.
87·7	64·4	73·3	+0·6	84·9	64·3	72·8	−0·1	85·7	61·6	73·0	+0·3	88·6	60·6	72·7	+0·4	82·4	53·8	69·1	−0·7	83·5	52·9	68·6	+1·0	Bangalore.
104·2	73·3	86·2	+0·9	97·1	70·8	82·0	−1·2	96·0	72·2	82·5	−1·3	96·8	67·1	81·3	+0·2	88·0	66·1	77·7	−0·5	87·1	64·7	76·4	+0·4	Madras.
89·9	73·5	78·2	+0·1	90·1	73·7	78·6	+0·3	90·7	74·4	79·5	+0·8	91·9	72·9	79·4	−0·3	91·7	64·0	77·1	−0·9	92·3	59·4	76·0	+0·5	Rangoon.
87·4	75·1	79·1	−0·9	89·2	73·2	79·2	−1·1	89·0	76·1	81·4	−0·1	89·6	74·2	80·7	−0·8	88·2	61·2	76·3	−1·8	84·2	55·7	71·4	−1·0	Akyab.

is the mean of the maximum and minimum temperatures.

Appendix to Section I.

TABLE III.—*Showing the mean monthly* HUMIDITY *and its variations from the average in thirty-four Stations of India during 1894.*

STATIONS.	JANUARY.		FEBRUARY.		MARCH.		APRIL.		MAY.		JUNE.		JULY.		AUGUST.		SEPTEMBER.		OCTOBER.		NOVEMBER.		DECEMBER.	
	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.
Calcutta (Alipore)	63	—8	64	—4	56	—14	64	—7	68	—8	82	—1	86	—1	86	—2	86	—1	82	—2	74	—1	71	—1
Narainganj†	63	—6	67	—3	61	—6	72	—1	76	—4	85	—2	86	—1	87	0	86	—1	82	+2	76	+4	76	+5
Chittagong	72	—1	74	+4	83	+9	78	+1	83	+3	88	+2	90	+3	88	0	86	—5	86	+3	80	+1	81	+6
Sibsagar	85	—1	82	+1	80	+1	81	—6	85	+3	86	+2	84	0	87	+3	90	+4	89	+4	85	+1	89	+4
Silchar	72	—2	71	+1	75	+3	76	0	80	0	84	—1	82	—3	84	—1	84	0	84	+4	81	+4	75	0
Cuttack	59	—6	59	—3	58	—4	59	—3	58	—6	74	+1	78	—2	78	—3	78	—3	76	+1	67	—1	63	—2
Hazaribagh	52	+1	50	+8	28	—6	28	0	30	—10	69	+4	81	—4	83	—2	79	—2	74	+9	59	+5	56	+4
Patna	66	—1	67	+10	36	—9	40	—1	43	—12	71	+2	79	—3	84	+1	84	+4	80	+10	71	+9	70	+5
Darjeeling	81	+1	82	+3	71	—2	75	0	87	0	93	—2	95	0	97	+3	92	—2	93	+11	79	—1	74	—2
Allahabad	61	—7	65	+10	39	—3	29	—3	31	—7	61	+6	80	—2	85	+2	79	—1	80	+12	67	+4	69	+2
Lucknow	64	+4	64	+13	43	0	30	—4	28	—13	64	+9	79	+2	86	+7	79	+6	75	+14	68	+14	?	?
Meerut	72	+8	70	+14	51	+1	33	—5	31	—10	61	+11	80	+6	83	+7	74	+5	60	+3	64	+9	73	+11
Delhi*	82	?	77	?	53	?	33	?	32	?	60	?	70	?	82	?	76	?	50	?	61	?	79	?
Agra	63	+7	59	+12	37	—1	23	—5	25	—6	55	+10	76	+1	82	+6	74	+7	55	+6	53	+9	69	+16
Jhansi*	70	?	64	?	37	?	24	?	24	?	62	?	82	?	82	?	79	?	69	?	57	?	71	?
Ajmere	63	+12	53	+9	41	+1	30	—4	36	—2	65	+14	82	+11	79	+3	74	+8	49	0	46	0	69	+19
Saugor	57	+9	52	+14	31	0	22	—4	24	—4	67	+15	85	+6	85	+2	81	+5	69	+12	55	+12	60	+15
Jubbulpore	66	+6	58	0	42	+4	31	+2	31	+1	71	+12	86	+4	85	+3	84	+7	77	+12	68	+12	67	+10
Mooltan	63	+4	58	+5	52	0	50	+6	43	+1	41	—7	60	+1	63	0	61	0	49	—5	49	—5	59	+3
Lahore	77	+16	73	+16	60	+11	41	+4	32	—1	53	+15	77	+16	71	+7	63	+7	46	—1	54	+5	68	+11
Peshawar	68	+6	62	+5	59	+2	52	—2	34	—6	39	+2	66	+13	61	0	58	+4	41	—6	45	—9	56	—5
Ranikhet	70	+8	71	+11	53	0	41	—3	37	—14	78	+14	90	+4	92	+5	85	+5	76	+15	68	+10	69	+13
Chakrata	73	+11	67	+5	53	+1	41	—2	36	—13	79	+14	94	+2	93	+1	88	+5	72	+14	66	+11	69	+18
Indore*	74	?	66	?	47	?	48	?	63	?	82	?	91	?	91	?	92	?	79	?	68	?	75	?
Deesa	46	+8	35	+6	31	+1	28	0	41	+2	64	+12	85	+11	77	+2	70	+4	48	+6	34	0	46	+9
Karachi	62	+6	Obs. imperfect (Rejected)				70	+1	72	—1	77	+3	83	+5	78	0	73	—3	53	—10	55	+1	37	—19
Bombay	67	—3	67	—2	67	—6	74	—1	70	—4	81	—1	86	—1	83	—4	86	0	81	+1	66	—5	71	+1
Belgaum	49	+3	41	+3	46	+5	54	+4	63	+3	85	+3	91	+2	90	+1	85	0	78	+6	59	0	53	+4
Nagpur	53	+2	44	+4	35	+3	31	+4	23	—5	67	+6	83	+3	79	0	80	+5	68	+8	62	+9	60	+8
Bellary	62	+13	54	+17	38	+5	43	+7	43	0	51	—7	56	—7	61	—3	58	—7	63	—1	67	+5	56	—2
Bangalore	60	—1	55	+3	52	+2	59	+6	65	+3	73	—1	74	—3	80	+3	77	+1	77	+1	76	+3	66	—3
Madras	80	+6	79	+6	76	+2	75	+1	67	—2	64	0	65	—2	81	+10	77	+4	81	+2	82	+2	81	+3
Rangoon	61	—5	64	+1	63	—1	62	—5	85	+8	90	+1	91	+1	91	0	90	+1	82	—3	71	—8	64	—9
Akyab	66	—5	72	+3	71	—1	73	0	83	+6	91	+5	91	+2	93	+5	88	+3	87	+5	83	+3	79	+4

* Dacca for January 1894.

† Mean of 8 hours only.

Appendix to Section I.

TABLE IV.—*Showing the monthly and annual* RAINFALL *and its variation from the average in the thirty-four Stations of India during 1894.*

STATIONS.	JANUARY.		FEBRUARY.		MARCH.		APRIL.		MAY.		JUNE.		JULY.		AUGUST.		SEPTEMBER.		OCTOBER.		NOVEMBER.		DECEMBER.		TOTAL.	
	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.
Calcutta	...	−0·41	0·25	−0·95	1·50	+0·19	3·47	+1·90	3·00	−2·52	10·23	+0·30	11·34	−1·60	4·82	−8·88	6·52	−3·20	4·41	+0·41	3·04	+2·36	0·08	−0·44	48·66	−12·84
Narainganj†	...	−0·36	1·53	+0·04	5·66	+2·87	2·75	−2·34	8·10	−1·97	11·26	−2·44	19·05	+5·15	9·79	−2·36	6·45	−2·54	4·66	+0·24	4·53	+2·90	0·28	+0·10	74·06	−0·64
Chittagong	...	−0·52	0·67	−0·45	13·07	+11·04	0·74	−3·78	17·12	+8·16	20·35	−2·51	27·68	+4·70	17·89	−3·17	5·74	−8·10	8·24	+2·67	1·58	−0·02	1·65	+1·10	114·73	+9·12
Sibsagar	0·41	−0·81	3·34	+1·19	3·46	−1·08	7·41	−2·32	10·90	−0·49	15·78	+1·12	6·06	−9·69	24·05	+8·44	17·43	+5·65	6·20	+1·09	1·13	−0·08	0·85	+0·25	97·02	+3·27
Silchar	...	−0·67	4·84	+2·51	9·68	+1·43	23·54	+10·27	22·68	+6·77	31·51	+11·57	14·83	−5·35	20·50	+2·28	21·27	+7·40	20·14	+14·20	7·62	+6·51	0·10	−0·51	176·71	+56·41
Cuttack	...	−0·37	...	−0·53	0·17	−1·02	0·76	−0·59	0·16	−3·12	18·70	+7·89	11·67	−1·03	5·68	−6·13	5·68	−4·25	3·87	−1·79	2·62	+1·19	...	−0·45	49·31	−10·20
Hazaribagh	...	−0·53	0·56	−0·16	0·03	−0·66	0·65	+0·30	0·68	−0·99	11·63	+3·58	17·68	+4·46	15·07	+1·99	8·77	+0·96	10·61	+7·39	1·15	+0·80	0·17	−0·04	67·00	+17·10
Patna	...	−0·69	1·11	+0·64	0·23	−0·10	0·02	−0·24	...	−1·83	6·94	−0·19	11·14	−0·04	8·66	−1·67	18·30	+10·46	14·62	+11·92	1·06	+0·85	0·05	−0·10	62·13	+19·01
Darjeeling	0·02	−0·75	1·89	+0·78	0·32	−1·85	5·13	+1·18	4·33	−3·08	22·63	−1·96	23·33	−8·66	28·61	+2·19	15·38	−2·00	5·47	−0·61	0·25	+0·05	0·51	+0·32	107·87	−14·39
Allahabad	0·15	−0·61	3·06	+2·66	0·15	−0·25	0·02	−0·12	...	−0·31	17·36	+12·68	12·49	+0·02	13·14	+3·09	3·90	−2·82	22·49	+20·33	2·92	+2·71	0·52	+0·31	76·20	+37·69
Lucknow	0·20	−0·62	1·31	+1·05	0·25	−0·03	...	−0·11	0·03	−0·76	5·99	+0·67	12·49	+1·00	26·10	+15·31	4·41	−2·71	8·69	+7·48	1·52	+1·51	0·87	+0·42	61·89	+23·21
Meerut	3·58	+2·58	0·49	−0·27	0·96	+0·26	0·02	−0·35	0·15	−0·63	4·93	+1·55	6·59	−2·88	6·34	−3·05	11·16	+7·03	0·84	+0·41	1·75	+1·70	3·72	+3·39	40·53	+9·74
Delhi	3·45	+2·46	0·39	−0·15	1·39	+0·68	0·72	−0·09	1·11	+0·42	4·41	+1·18	7·54	−1·20	11·58	+4·17	4·88	+0·43	...	−0·47	0·81	+0·74	5·28	+4·94	41·11	+13·11
Agra	1·54	+1·00	0·06	−0·24	0·45	+0·22	...	−0·16	0·40	−0·26	2·65	−0·19	5·44	−4·62	19·18	+12·29	2·27	−2·15	0·92	+0·53	0·84	+0·81	2·01	+1·79	35·76	+9·02
Jhansi	2·07	+1·56	1·08	+0·82	0·04	−0·35	0·18	+0·04	0·20	−0·05	14·74	+10·42	8·03	−5·63	16·05	+5·02	12·18	+6·80	2·91	+2·22	...	−0·03	1·41	+1·20	58·89	+22·02
Ajmere	0·57	+0·32	0·01	−0·33	0·41	+0·06	0·05	−0·04	0·20	−0·51	7·27	+4·83	6·66	−0·16	3·72	−3·91	5·79	+2·77	...	−0·34	...	−0·13	2·31	+2·05	26·99	+4·61
Saugor	0·56	−0·11	1·04	+0·54	0·25	+0·08	0·07	−0·12	0·03	−0·53	25·16	+18·41	18·23	+1·64	9·32	−2·90	13·13	+5·83	4·12	+2·88	0·26	−0·11	1·14	+0·55	73·31	+26·16
Jubbulpore	0·46	−0·21	0·34	−0·12	0·13	−0·37	0·07	−0·16	...	−0·48	12·81	+4·40	19·65	+0·66	9·60	−4·79	7·49	−0·54	7·25	+5·69	2·55	+2·20	0·30	+0·03	60·65	+6·31
Mooltan	0·93	+0·57	0·71	+0·41	0·99	+0·52	...	−0·30	...	−0·43	0·48	+0·09	1·10	−1·04	2·91	+1·54	0·09	−0·59	...	−0·10	...	−0·09	0·64	+0·37	7·85	+0·95
Lahore	3·91	+3·20	0·76	−0·37	0·98	+0·02	0·40	−0·16	0·04	−0·82	7·54	+5·74	3·54	−3·69	3·60	−1·35	2·10	−0·05	...	−0·51	...	−0·15	0·32	−0·17	23·19	+1·69
Peshawar	1·96	+0·43	0·94	−0·27	1·46	−0·28	2·55	+0·69	0·79	+0·16	...	−0·30	1·74	+0·13	0·41	−1·55	...	−0·75	0·12	−0·10	0·03	−0·68	0·44	−0·15	10·44	−2·67
Ranikhet	4·86	+2·62	3·29	+1·39	3·25	+1·26	0·07	−1·12	0·28	−2·42	8·61	+2·51	22·99	+9·44	16·28	+4·15	9·49	+2·79	9·29	+8·40	0·55	+0·27	2·34	+1·47	81·30	+30·76
Chakrata	9·66	+7·06	10·18	+7·57	4·09	+1·21	0·58	−0·99	1·48	−1·19	21·97	+14·49	23·00	+4·29	27·43	+10·91	6·41	+0·76	2·46	+1·77	1·68	+1·37	7·59	+6·63	116·53	+53·88
Indore	0·03	−0·28	...	−0·27	0·05	+0·03	...	−0·11	...	−0·55	3·71	−3·02	11·70	+1·56	3·44	−4·21	8·22	+0·65	5·23	+4·04	...	−0·21	0·79	+0·61	33·17	−1·76
Deesa	0·64	+0·51	0·01	−0·16	0·02	−0·06	0·11	+0·06	...	−0·20	4·48	+2·25	11·48	+2·03	1·87	−6·47	3·83	+0·84	...	−0·72	...	−0·09	0·17	+0·13	22·61	−1·88
Karachi	2·81	+2·12	0·93	+0·68	0·02	−0·13	...	−0·16	...	−0·05	...	−0·18	18·63	+15·73	...	−1·75	...	−0·76	...	−0·05	...	−0·21	0·32	+0·13	22·71	+15·37
Bombay	0·22	+0·08	...	−0·02	0·06	+0·05	0·01	−0·02	...	−0·51	16·75	−4·05	26·13	+1·37	8·55	−6·39	12·04	+1·41	3·08	+1·26	...	−0·51	...	−0·06	66·84	−7·39
Belgaum	...	−0·08	0·50	+0·48	1·93	+1·44	0·72	−1·20	1·30	−1·46	11·02	+1·72	20·49	+5·20	6·92	−1·87	1·69	−2·18	3·98	−1·06	1·11	−0·25	...	−0·28	49·66	+0·46
Nagpur	0·12	−0·46	...	−0·38	0·16	−0·42	0·18	−0·27	0·16	−0·59	7·95	−0·91	13·56	+0·23	13·50	+4·44	14·12	+6·27	4·15	+1·90	2·48	+1·99	0·18	−0·33	56·56	+11·47
Bellary	...	−3·10	...	−0·04	...	−0·49	0·43	−0·34	3·66	+1·82	0·81	−0·96	1·09	−0·29	3·74	+1·56	1·40	−2·60	6·58	+2·55	2·12	+0·90	...	−0·25	19·83	+1·73
Bangalore	...	−0·21	0·22	+0·09	0·45	−0·11	2·91	+1·62	6·49	+1·63	3·40	+0·21	3·47	−0·55	6·24	+0·31	1·67	−4·64	4·53	−1·87	2·83	+0·70	...	−0·68	32·21	−3·50
Madras	0·39	−0·53	1·14	+0·87	...	−0·40	0·86	+0·22	...	−2·16	1·54	−0·57	1·89	−1·97	13·24	+8·74	6·41	+1·71	11·02	0	10·55	−2·92	0·74	−4·55	47·78	−1·56
Rangoon	...	−0·15	...	−0·12	...	−0·12	4·25	+2·68	13·29	+2·47	18·29	−0·25	22·96	+1·57	18·95	+0·10	13·34	−2·47	4·25	−3·60	0·19	−2·80	...	−0·07	95·52	−2·26
Akyab	...	−0·16	...	−0·18	0·02	−0·49	0·55	−1·00	21·00	+9·05	48·61	−1·88	50·22	−1·13	48·68	+9·69	20·50	−2·09	8·42	−3·20	1·94	−1·69	...	−0·53	199·94	+6·39

† Dacca for January 1894.

SECTION II.

EUROPEAN ARMY OF INDIA.

India.

2. The year 1894 having been a wet one over the greater part of India, especially of northern India, sickness increased; and influenza, cholera, and malarial fevers were more prevalent than in 1893. As may be seen from the following table, the number constantly sick per 1,000 of average strength was unusually high :—

European Troops in India.

Year.	Strength.	Ratio per mille of Strength.				
		Admissions into hospital.	Constantly sick.	Deaths.	Invaliding.	Total loss.
1870—79 . .	57,742	1,475	60	19·34	43	62
1881—90* . .	61,399	1,471	73	14·24	27	42
1890 . . .	67,823	1,520	87	13·84	25	39
1891 . . .	67,030	1,379	79	15·89	27	43
1892 . . .	68,137	1,517	84	17·07	24	41
1893 . . .	70,091	1,415	87	12·61	25	38
1894 . . .	71,082	1,508	92	16·07	25	42

* Including troops in Afghanistan during 1881.

The chief causes of admission were venereal diseases, ague, injuries and diseases of the integuments. Among the diseases with increased admission rates were influenza, cholera, enteric fever, ague, respiratory diseases, dysentery, and venereal diseases. On the other hand the admission rates from smallpox, remittent fever, simple continued fever, and diarrhœa were lessened. Venereal diseases caused 34 per cent. of the total sickness, and ague 27 per cent.

The chief causes of mortality were enteric fever, cholera, hepatic abscess, and injuries. Among the diseases with increased mortality were cholera, enteric fever, circulatory diseases, dysentery, diarrhœa, hepatic abscess, and urinary diseases. On the other hand the mortality from smallpox, malarial fevers, and tubercle of the lungs was lessened. Enteric fever caused 36 per cent. of the total deaths, and cholera 13 per cent.

The chief causes of invaliding were, in order, syphilis and gonorrhœa, malarial fevers, debility, circulatory diseases, mental affections, tubercle of the lungs, injuries, rheumatic affections, dysentery, palpitation, and hepatitis.

Presidencies.

3. Some of the more important causes of admission into hospital in the three

presidencies are shown in the following table in the direct order of their decennial ratios :—

Admitted per 1,000 of Strength.

ADMISSIONS FROM	BENGAL.			ADMISSIONS FROM	MADRAS.			ADMISSIONS FROM	BOMBAY.		
	1894.	1893.	1882 to 1891.		1894.	1893.	1882 to 1891.		1894.	1893.	1882 to 1891.
Venereal diseases .	500	462	377	Venereal diseases .	517	480	380	Venereal diseases .	544	463	354
Ague . . .	464	410	*362	Ague . . .	189	138	*238	Ague . . .	462	443	*322
Simple continued fever . . .	19	21	*72	Simple continued fever . . .	27	52	*73	Simple continued fever . . .	19	33	*78
Diarrhœa .	26	28	44	Dysentery . .	33	36	53	Diarrhœa . .	22	21	42
Respiratory diseases .	37	37	*38	Rheumatism and Neuralgia . .	31	40	*37	Rheumatism and Neuralgia .	26	31	*31
Rheumatism and Neuralgia . .	30	34	*38	Diarrhœa . .	4	2	37	Respiratory diseases	29	19	*28
Dysentery . .	26	22	25	Hepatitis .	28	26	34	Dysentery . .	22	20	22
Hepatitis . .	15	17	23	Respiratory diseases	26	23	*26	Hepatitis . .	18	13	19
Enteric fever . .	24	25	17	Enteric fever .	10	11	10	Enteric fever . .	21	13	11
Remittent fever .	10	12	9	Remittent fever .	8	6	8	Remittent fever .	6	5	8
Phthisis pulmonalis .	3	3	5	Influenza . .	7	1	7	Phthisis pulmonalis	6	4	6
Influenza . .	3	...	4	Phthisis pulmonalis .	3	4	4	Spleen diseases .	2	2	3
Spleen diseases .	2	3	4	Spleen diseases .	...	1	1	Influenza .	...	...	2
TOTAL FROM ALL CAUSES . .	1,567	1,466	1,519	TOTAL FROM ALL CAUSES . .	1,273	1,230	1,270	TOTAL FROM ALL CAUSES . .	1,549	1,434	1,399

* For six years, 1886—91.

In all three presidencies venereal diseases and ague head the list. Ague in Madras was lower than the average of the decennium, but in Bengal and Bombay it was higher; and in all three presidencies venereal disease was higher than the average of the decennium. Bengal had the highest admission ratios from respiratory diseases, diarrhœa, enteric fever, and remittent fever; Madras the highest from simple continued fever, dysentery, and hepatitis. See also Table V.

Some of the more important causes of death in the three presidencies are shown in the following table :—

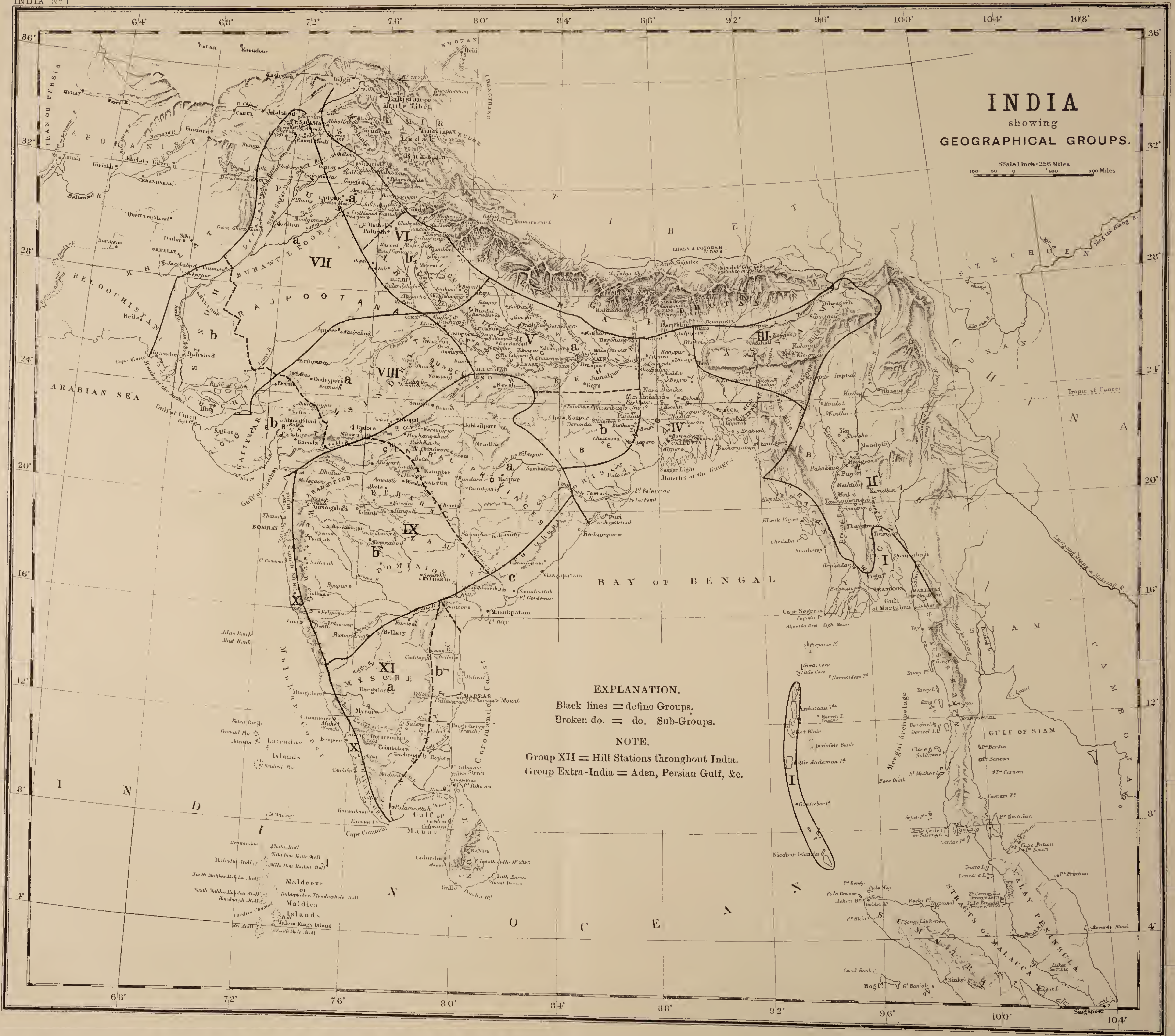
Died per 1,000 of Strength.

DEATHS FROM	BENGAL.			DEATHS FROM	MADRAS.			DEATHS FROM	BOMBAY.		
	1894.	1893.	1882 to 1891.		1894.	1893.	1882 to 1891.		1894.	1893.	1882 to 1891.
Enteric fever . .	6·78	6·40	4·73	Enteric fever . .	2·91	3·35	2·95	Enteric fever .	5·22	3·70	3·36
Cholera . . .	3·30	·11	1·46	Hepatic: Abscess .	·97	1·12	1·92	Cholera .	·15	·29	2·08
Hepatic: Abscess .	1·15	·93	1·19	Hepatic: Congestion and inflammation	...	...		Hepatic: Abscess .	1·57	·52	·89
Hepatic: Congestion and inflammation	·07	·07		Cholera . . .	·07	·07	1·05	Hepatic: Congestion and inflammation	...	...	
Pneumonia . .	·99	·93	·87*	Dysentery . .	·52	·60	·90	Dysentery . .	·30	·52	·86
Other respiratory diseases . .	·27	·16		Remittent fever .	·37	·15	·76	Phthisis pulmonalis .	·67	·44	·69
Phthisis pulmonalis .	·45	·70	·79	Pneumonia . .	·37	·22	·57*	Pneumonia . .	·30	·44	·55*
Dysentery . .	·72	·49	·55	Other respiratory diseases . .	·07	·07		Other respiratory diseases . .	·07	·22	
Remittent fever .	·41	·74	·43	Phthisis pulmonalis .	·30	·67	·54	Remittent fever .	·22	·07	·51
Diarrhœa . .	·05	...	·04	Diarrhœa . .	...	...	·11	Diarrhœa . .	·15	...	·09
TOTAL FROM ALL CAUSES . .	18·55	14·35	14·50	TOTAL FROM ALL CAUSES . .	9·48	9·54	13·33	TOTAL FROM ALL CAUSES . .	14·46	10·13	13·97

* For six years, 1886—91.

In all three presidencies enteric fever heads the list, and in Bengal and Bombay the ratio was higher than the average of the decennium. Bengal had the highest death rates from enteric fever, cholera, pneumonia, dysentery, and remittent fever; and Bombay the highest from hepatitis and phthisis. See

INDIA No 1



INDIA
showing
GEOGRAPHICAL GROUPS.

Scale 1 Inch = 256 Miles

EXPLANATION.

Black lines = define Groups.
Broken do. = do. Sub-Groups.

NOTE.

Group XII = Hill Stations throughout India.
Group Extra-India = Aden, Persian Gulf, &c.

NOTE.—This map shows the new geographical groups.

Reg. No. 596, San. Comr., I.—Nov. 94.—800.

Reg. No. 655, San. Comr., I.—Nov. 95.—950.

Litho., S. I. O., Calcutta.

also Table V. The percentage respectively of enteric fever, hepatitis, dysentery, and pneumonia in the total deaths of each presidency was—

1894.

	Bengal.	Madras.	Bombay.
Enteric fever	36·5	30·7	36·1
Hepatitis and hepatic abscess . . .	6·6	10·2	10·8
Dysentery	3·9	5·5	2·1
Pneumonia	5·4	3·9	2·1

4. The following table gives vital statistics of the European troops in Burma as a whole; whereas other tables contrast Burma Coast with Burma Inland:—

Burma.

European Troops in Burma.

Period.	Strength.	Ratio per 1,000 of strength.				
		Admissions into hospital.	Constantly sick.	Deaths from		
				Cholera.	Other causes.	Total.
1890 . . .	4,712	1,743	102	...	20·80	20·80
1891 . . .	4,623	1,589	92	2·38	17·74	20·12
1892 . . .	4,316	1,491	91	...	14·83	14·83
1893 . . .	3,928	1,461	96	·25	12·73	12·98
1894 . . .	3,940	1,465	93	·25	9·39	9·64

Burma was distinguished by the prevalence of hepatitis, dysentery, and venereal diseases.

5. The following table shows that, judging by the constantly sick rate, Groups II, XII*b*, and V were the most unhealthy for the decennium, and XII*a* the most healthy. It also shows that the 1894 constantly sick rate of every group, except XII*b*, was higher than its corresponding decennial ratio, and that the rise was greatest in the case of groups I, V, and VIII.

Geographical Groups.

		Ratio per 1,000 of Strength.												
		I.	II.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII*a*.	XII*b*.	
		Burma Coast and Bay Islands.	Burma Inland.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalayan.	Indus Valley and North-Western Rajputana.	South-Eastern Rajputana, Central India, and Gujarat.	Deccan.	Western Coast.	Southern India.	Hill Stations.	Hill Convalescent Depôts.	India.
1882-91	Constantly sick .	74·6	91·4	82·8	83·0	81·6	79·4	78·8	69·8	72·0	75·7	65·1	90·6	74·0
	Death—Cholera .	·35	2·24	1·10	3·45	1·04	·85	2·19	·85	...	·38	1·51	·94	1·49
	Death—Enteric fever	2·37	2·31	2·09	5·87	5·33	3·69	5·66	3·71	1·71	2·66	4·44	3·67	4·13
1893 .	Constantly sick .	103·8	95·4	90·3	107·4	91·9	87·4	91·4	75·8	82·7	90·7	80·1	89·6	86·5
	Death—Cholera .	...	·39	·44	...	·29	...	...	·40	...	...	...	...	·14
	Death—Enteric fever	3·71	2·70	5·32	3·38	8·36	5·19	7·83	3·53	5·29	3·54	5·55	5·08	5·29
1894 .	Constantly sick .	97·5	94·8	89·9	105·7	99·3	96·2	113·2	86·4	75·2	80·5	84·3	90·5	91·6
	Death—Cholera .	...	·38	·45	18·22	·14	...	...	·20	...	...	...	...	2·10
	Death—Enteric fever	·88	1·89	3·57	6·38	7·63	7·33	7·39	5·53	1·17	3·55	6·28	8·22	5·75

In Table XVIII the vital statistics of the groups for 1894 will be found placed side by side to facilitate comparison. The highest constantly sick rate was that of Central India, and the lowest that of Western Coast. The highest admission rate was that of Indus Valley, and the lowest that of Southern India. The highest death rate was that of Gangetic Plain, and the lowest that of Burma Inland. Again, Burma Coast had the highest admission ratios from simple continued fever, dysentery, hepatic abscess, and rheumatism, and the lowest from enteric fever, remittent fever, and diarrhœa; Burma Inland the highest from remittent fever and hepatic congestion, and the lowest from simple continued fever and hepatic abscess; Gangetic Plain the highest from cholera and diarrhœa; Indus Valley the highest from ague and from all causes; Central India the highest from enteric fever; Western Coast the lowest from dysentery; Southern India the highest from influenza, and the lowest from ague and rheumatism. For the decennium Gangetic Plain had also the highest cholera ratio; and Burma Coast the highest ratios for dysentery and hepatitis, and the lowest for enteric fever.

The following, compiled from Tables VI-XVII, shows how the composition of 100 deaths varied in the groups in 1894:—

Percentage in Total Deaths.

Deaths from	I.	II.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII*a*.	XII*b*.
	Burma Coast and Bay Islands.	Burma Inland.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalayan.	Indus Valley and North-Western Rajputana.	South-Eastern Rajputana, Central India, and Gujarat.	Deccan.	Western Coast.	Southern India.	Hill Stations.	Hill Convalescent Depôts.
Cholera	...	5·6	3·4	54·3	·9	...	...	1·7	...	...	...	...
Enteric fever . . .	5·3	27·8	27·6	19·0	46·5	41·0	44·9	47·0	7·4	39·4	53·8	40·0
Remittent fever . . .	5·3	16·7	...	·8	3·0	9·0	1·0	...	3·7	3·0	...	2·2
Dysentery . . .	10·5	...	13·8	3·5	3·5	2·0	5·1	2·6	7·4	3·0	5·1	...
Diarrhœa	...	...	3·4	...	...	2·0	...	...	3·7	...	...	...
Abscess of the liver . .	26·3	...	20·7	4·3	6·1	3·0	12·2	6·0	11·1	9·1	6·0	17·8
Pneumonia . . .	5·3	...	...	1·6	7·0	7·0	...	2·6	...	9·1	11·1	8·9
Tubercle of the lungs .	...	...	...	1·9	3·5	...	3·1	3·4	3·7	...	4·3	...
TOTAL FROM ALL CAUSES .	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0

It shows that, viewed in proportion to the total deaths from all causes, enteric fever, pneumonia, and tubercle of the lungs formed more important items in Group XII*a* (Hill Stations) than in other groups; cholera in the Gangetic Plain; dysentery in Bengal-Orissa; and abscess of the liver in Burma Coast. In 1893 the same groups as in 1894 had a high proportion of enteric fever, of pneumonia, of abscess of the liver.

Stations.

6. Of the large garrisons with a strength of over 1,000 the following returned death rates higher than the death rate of their presidency:—

STATIONS.	AVERAGE STRENGTH.	RATIO PER 1,000 OF STRENGTH.		CHIEF CAUSES OF MORTALITY PER 1,000 IN 1894.								TOTAL NUMBER OF DEATHS IN 1894.
		1894.	1893.	Cholera.	Enteric fever.	Remittent fever.	Dysentery.	Diarrhœa.	Abscess of liver.	Pneumonia.	Tubercle of the lungs.	
Lucknow	2,623	55·66	8·94	36·98	8·01	.38	1·91	...	1·52	·38	·38	146
Meerut	1,901	21·04	17·17	...	14·20	·53	·53	...	...	...	...	40
Ferozepore . . .	1,104	19·02	14·22	...	6·34	1·81	...	...	·91	...	·91	21
Peshawar	1,839	25·56	27·51	...	11·96	2·72	1·09	·54	·54	2·72	...	47
Mhow	1,642	23·75	5·66	...	15·23	...	1·22	...	1·22	...	·61	39
Secunderabad . . .	2,391	9·89	9·46	...	5·12	...	·68	...	·68	...	·34	29
Colaba (Bombay) . .	1,354	14·77	14·80	...	·74	·74	...	·74	1·48	...	·74	20
Aden	1,049	16·21	12·06	...	·95	...	·95	...	2·86	1·91	·95	17

See also Tables XXI and XXII. Lucknow suffered from a severe outbreak of cholera, the circumstances of which will be described in Section VI. Meerut, Ferozepore, and Peshawar, especially the last, were malarious. In the first five stations in the table the drainage is stated to have been defective, and in Mhow the water-supply was not properly protected. For further information regarding sanitary defects in these and other stations, and the measures taken to remedy them, see the Summary of Sanitary Reports at the end of Section VIII.

Principal Diseases.

7. Sickness and mortality having been studied in their relation to India, to presidencies, to geographical groups, and to stations, it is convenient here to discuss the statistics of some of the chief diseases.

Influenza.

8. After a pause of six months a case of influenza occurred again in December 1893, and thereafter the disease rose gradually to a maximum in May 1894, then fell gradually, and did not occur after October. The following table shows the increase in 1894 over 1893. It also shows the fluctuations of the disease since the first epidemic year, 1890, which give some ground for hope that the disease is gradually wearing itself out.

Influenza.

PERIOD.	INDIA.			
	ADMISSIONS.		DEATHS.	
	Number.	Per mille of strength.	Number.	Per mille of strength.
1890	2,263	33·4	2	·03
1891	372	5·5	3	·04
1892	862	12·7	1	·01
1893	21	·3	...	...
1894	245	3·4	1	·01

Again, the following table shows the relation of influenza in the same five years to season:—

Admissions from Influenza.

Period.	INDIA.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
1890 . . .	...	8	473	1,451	248	69	13	2	3	...	...	1	2,263
1891 . . .	1	...	1	16	77	91	112	29	20	2	2	21	372
1892 . . .	113	53	354	241	57	4	32	8	...	...	...	...	862
1893 . . .	1	...	...	15	4	...	...	...	...	...	...	1	21
1894 . . .	7	9	12	70	101	30	7	7	...	2	...	...	245
Total .	122	65	840	1,793	487	194	164	46	23	4	2	23	3,763

The actual maximum of each individual year of the five occurred in four different months, from March to July; but over the five-year period as a whole the greatest number of cases occurred in March, April, and May, and the smallest number in October and November. It seems that most cases occurred in the hot months before the rains. Geographical Groups VI, VIII, and XI were attacked both in 1894 and in 1893; Groups I, V, XII*a*, and Extra India only in 1894. Twenty stations were attacked in 1894 against 3, and only 2 stations were attacked in both years. In Table XXIII it may be seen that Madras and Lucknow, among stations, had the greatest number of cases. The outbreak at Lucknow was a very compact one. The average number constantly sick from influenza was 10, and the average duration of a case 15 days. The returns deal, of course, only with those cases which were admitted into hospital; but there were mild cases not admitted. The weight of evidence at present favours the belief that an epidemic outburst is preceded by the gradual dissemination of individual cases, the disease being communicable from man to man by means of the secretions of the air passages, which contain the bacillus of Pfeiffer.

Cholera.

9. General questions regarding the etiology and spread of cholera, the preventive inoculations of Haffkine, and the circumstances attending the most important outbreaks of 1894, will be discussed in Sections VI and X of this report.

The amount of cholera was much greater than in the preceding year, as may be seen from the following table:—

Cholera.

Period.	INDIA.			
	Admissions.		Deaths.	
	Number.	Per mille of strength.	Number.	Per mille of strength.
1870—79	2,697	4·7	1,864	3·22
1881—90	1,320	2·1	899	1·46
1890	58	·9	49	·72
1891	252	3·8	168	2·51
1892	167	2·5	121	1·78
1893	16	·2	10	·14
1894	209	2·9	149	2·10

The distribution of the cholera of 1894 by stations and seasons is shown in Table XXIV. The disease was at its maximum in July, was epidemic only in the Gangetic Plain, and was most severe at Lucknow.

Smallpox.

10. Smallpox was less prevalent, the number of admissions being the smallest in any of the five years shown in the following table :—

Smallpox.

Period.	India.		
	Number.		Ratio of deaths per 1,000.
	Case.	Deaths.	
1881—90	618	56	·09
1890	36	4	·06
1891	14	1	·01
1892	18	3	·04
1893	33	4	·06
1894	13	3	·04

The greatest number of cases at any one station was 4 at Poona, and one death each occurred at Poona, Mhow, and Kamptee.

Intermittent fever.

11. Ever since the discovery of the blood parasite by Laveran, medical officers in India have been deeply interested in the subject, especially in the prospect of fresh aid in the differentiation of Indian fevers, a matter in which imperfection has been felt, and improvement desired. A considerable amount of work on the subject has been done by such medical officers as Carter, Cunningham, Crombie, Ross, and Murray. See Section VI.

Ague gave rise to about 27 per cent. of the admissions from all causes in the European army of India. The year 1894 was a wet one. The following table shows that it was also decidedly malarious :—

Intermittent fever.

Period.	India.	
	Admissions per 1,000.	Deaths per 1,000.
1886—91	330	·15
1890	354	·16
1891	344	·18
1892	429	·28
1893	364	·20
1894	412	·18

A reference to Tables XVIII and XXVI shows that the most malarious groups in 1894 were Indus Valley, Upper Sub-Himalayan, and Central India, and the least malarious Southern India and Western Coast. And that that is a usual state of things may be seen from the following :—

Intermittent Fever.

Period.	Ratio per 1,000 of Strength.												
	I.	II.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII*a*.	XII*b*.	
	Burma Coast and Bay Islands.	Burma Inland.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalayan.	Indus Valley and North-Western Rajputana.	South-Eastern Rajputana, Central India, and Gujarat.	Deccan.	Western Coast.	Southern India.	Hill Stations.	Hill Convalescent Depôts.	India.
1886—91 . .	199·6	729·5	400·5	217·1	441·6	415·9	487·2	223·9	168·4	144·7	268·7	346·5	330·3
1890 . . .	307·5	542·2	630·6	198·8	504·8	502·6	527·7	218·8	223·6	244·3	187·2	272·7	354·1
1891 . . .	149·0	745·5	609·0	292·4	394·8	423·0	409·0	224·4	228·5	138·0	287·3	326·3	343·5
1892 . . .	98·1	523·4	401·5	281·0	604·2	947·4	622·3	220·5	247·3	53·9	234·2	223·1	429·1
1893 . . .	53·7	364·8	401·5	194·7	417·4	871·0	476·7	193·9	162·1	68·4	419·5	409·3	364·5
1894 . . .	444·8	286·6	279·1	221·9	583·4	941·0	556·1	272·0	164·3	96·3	336·0	235·7	411·9

The table also shows a great reduction since 1891 in malarial fever in the Burma Inland group.

Remittent fever.

12. The appellation remittent fever is probably applied to fevers of different origin. Thus Surgeon-Lt.-Col. Crombie(1) distinguishes between malarial remittent and non-malarial remittent fever, the latter of which would, he says, be more correctly called continued. There was less remittent fever in 1894 than in 1893—

Remittent Fever.

Period.	India.	
	Admissions per 1,000.	Deaths per 1,000.
1881—90	10	·52
1890	8	·47
1891	7	·42
1892	13	1·10
1893	10	·50
1894	9	·37

Table XVIII shows that the highest ratio was that of Burma Inland, and the lowest that of Burma Coast. The large stations which had most remittent fever were, in order, Peshawar, Meean Meer, Jubbulpore, Rawalpindi, Fort Dufferin, Lucknow, Thayetmyo, Bombay.

Reference was made on page 26 of the Report for 1892 to the researches of Surgeon-Captains Bruce and Hughes on the form of continued fever known as Malta fever, which they found to be due to a specific micrococcus. In the *Fortschritte der Medicin* for 1894, pp. 853—872, is an account of an investigation by Chassiotis into a form of continued fever occurring in Greece. It was characterised by the absence of malarial hæmatozoa, by the absence of the bacillus of Eberth, by the presence of a diplococcus in the blood, by rarity of swelling of the spleen, by frequency of swelling of the liver. The ill-defined continued fevers of India require similar investigation.

There was less simple continued fever in 1894 than in the previous year—

Simple Continued Fever.

Period.	India.	
	Admissions per 1,000.	Deaths per 1,000.
1886-91	73	·05
1890	63	·01
1891	50	·01
1892	62	·04
1893	29	...
1894	20	·01

Table XVIII shows that Burma Coast had the highest ratio, and Burma Inland the lowest. It suggests itself that there may have been a difference in diagnosis of remittent fever and simple continued fever between Rangoon on the one hand and Mandalay and Thayetmyo on the other. Medical officers sometimes note that cases returned as simple continued fever may have really been mild cases of enteric with symptoms too indefinite to justify the diagnosis of the more serious malady; and they differ in practice as to where they draw the line between simple continued fever and enteric, between simple continued fever and ague.

Enteric fever.

14. Granting that the bacillus of enteric fever is usually ingested with food and drink, and especially with water, that direct, or indirect, contamination of these supplies by bacilli-containing stools is the great source of danger; and that the bacillus of enteric fever is easily indentified; the researches of Mr. Hankin of Agra are throwing considerable light on the origin of mysterious cases and outbreaks occurring where general sanitation is good and supervision painstaking; and, in any case, these investigations are useful in calling attention to many unknown or unthought of ways in which the joints of sanitary armour in India may be pierced. Practically all bacteriologists are agreed that the bacillus of Eberth is a necessary factor in the causation of enteric fever: difference of opinion arises over the questions of where the bacillus comes from, how it enters the body, and how it acts there. For, though so eminent an authority as E. Klein(2) of London, among others, supports the simple view that the bacillus is constantly present in the stools of enteric patients after the second week of the disease, that it can be easily separated from the *bacillus coli* and other microbes

of the stools, and identified with certainty, that even in water it can be similarly separated and identified, and that the presence of *bacillus coli* in water is sufficient to condemn the water as contaminated by animal dejecta; recent literature shows that there are eminent bacteriologists ready to deny every one of these propositions. Thus Kiessling(3) says that the *bacillus coli* is very common in water, and, quoting Escherich, that it is the most widely distributed exciter of putrefaction in nature; Kruse(4) that the presence of putrefactive bacteria in water is no sign that the water is contaminated with putrid material, and that the *bacillus coli* is in no way characteristic for the fæces of men or animals, but is found everywhere in earth, air, and water; Emmerich(5) that it is not possible with our present methods to identify with certainty with the *bacillus coli* bacteria found outside the human body, and therefore not justifiable from the supposed finding of the *bacillus coli* in water to draw the conclusion that such water has been contaminated with dejecta, and so possibly with enteric fever dejecta.* Again, with regard to the enteric bacillus, Kruse(6) says that it is only in a few cases that it can be considered likely that the enteric bacillus was found in water, and that it would be too much to say that it has been found even once with certainty; Dunbar(7) that the certain identification of the enteric bacillus except from the human spleen is at present not possible. Neither in experimental nor in human enteric fever, says Sanarelli,(8) are the bacilli of Eberth usually found in the contents of the intestine: those observers who have thought they had found them have been relying on characters which have now lost their value: strictly one can maintain that the true enteric bacillus has never been isolated from the dejections or from the intestinal lesions. Nicolle(9) states his belief that in water, in the stools, in the splenic pulp, the presence of the *bacillus coli* constitutes an insurmountable obstacle to the identification of the enteric bacillus. Wathelet(10) after remarking that Gaffky originally recognized the almost impossibility of finding the bacillus of Eberth in the stools, but thought this was on account of the number of saprophytes present, and stating his belief that the finding of the bacillus in the stools has often been due to a lack of bacteriological diagnosis, goes on to relate the results of examination every day, every second day, every third day, by himself of the stools in 12 cases of enteric fever, the cases being well marked, and the diagnosis in some confirmed by *post mortem* examination. In 600 colonies developed from the stools of these 12 cases only 10 were of the enteric bacillus; and of the 12 patients only 4 yielded enteric bacilli at any time, and only on one occasion each. It had been previously believed and taught that the bacillus of Eberth appears in the urine only when that excretion is albuminous. But in a recent communication to the *Lancet* Professor Wright of Netley and Surgeon-Major Semple(11) state that in 6 out of 7 cases examined the typhoid fever bacillus was easily detected in the urine. They accept the conclusions of Sanarelli and Wathelet that enteric fever is a blood infection, and that the bacillus of Eberth is rare in the stools; and remark that it is evidently not the stools but the urine which is most to be feared as a spreader of infection, and that it is therefore more important to disinfect the urine than the fæces. These observations, of course, require confirmation.† Besides, the possibility of the presence of the toxine in the stools even in the absence of the bacillus, must not be ignored; and Wathelet did find the bacilli occasionally. The only safe course would be to destroy both fæces and urine.

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* Von Freudenreich (*Centralblatt für Bakteriologie*) agrees that the mere presence of the *bacillus coli* is not a sign of contamination; but points out that it is never found *in abundance* except in bad water. See also *American Journal of the Medical Sciences* for 1895, pp. 283–302; and *Centralblatt für Bakteriologie* for 1894, Vol. XV, p. 354.

† The Mangural Dissertation of Baart de la Faille, quoted in *Centralblatt für Bakteriologie*, Vol. XVIII, p. 337, supports the old or received view.

The prevailing view at present is that the enteric bacillus gets into the alimentary canal with water or other ingesta contaminated by the dejecta of a previous case, and invades the body through the lymphatic structures of the intestinal mucous membrane, the beginning of the disease being a local affection of the intestinal wall. But there have always been, and are at present, observers who believe that the intestinal lesions are merely the local expression of a general disease, that the presence of the intestinal lesion is therefore no proof that that is the port of entry of the morbific agent, which may possibly sometimes, if not always, be breathed in. Thus, Cabadé(12) considers it far from demonstrated that the bacillus penetrates by the mucous membrane of the intestine. He accepts the possibility of both air and water as vehicles, and acknowledges the difficulty of proving that infectious particles borne by the former are not arrested in the nose and mouth and swallowed rather than inhaled; but thinks that the attack on the body by way of the lungs would be easier than that by way of the intestine. The noxium in any case makes for the submucous lymphatic tissue. If the bacillus multiplies in the intestine and then invades the lymphatic tissue, it is inexplicable why the stools never have bacilli at first, not till the end of the second week, or during the third. The explanation of this fact seems to him to be that the bacilli are only liberated by the ulceration of the mucous membrane; therefore that they came to the intestine by way of the blood, and reached the mucous membrane last of all. Watson Williams(13) gives reasons for believing that in a certain case, where the patient had typhoid ulceration of the larynx, infection was spread by means of the breath. Sir Charles Cameron(14) is of opinion that enteric fever is spread not only by means of water, milk, etc., but that it is frequently breathed in by dust or foul emanations; in fact that it is a disease of the miasmatic class, and that it becomes endemic in certain localities where the conditions of the soil are favourable to the development of the organisms which cause the disease. But the most important,—because founded on original experimental work,—recent contribution to the pathology of enteric fever is that of Sanarelli.(15) The following is a sketch of how he connects his experimental results with human pathology:—

The enteric poison is not absorbed by the normal mucous membrane of animals. But the same poison, even if freed from bacilli, when injected subcutaneously, and thereby obtaining access to the blood, has an energetic action on the mucous membranes, especially on the mucous membrane of the intestine. The presence in man of the well-known lesions of the bowel is therefore no proof that the bacillus enters by the alimentary canal. But, however it enters, it appears to reach the lymphatic system, and to multiply first in the spleen. The poison slowly produced in the spleen enters the circulation, causing the prodromal symptoms, and attacks the intestinal and respiratory mucous membranes. Under the influence of the enteric poison the *bacillus coli* multiplies exceedingly, becomes virulent, supersedes the other microbes of the intestine, and, when the epithelium has been destroyed, and ulcers have been left by the sloughing process, the intestinal microbes and their poisons are free to penetrate into the organism. The enteric fever of man is a chronic poisoning by the products of the bacilli of Eberth; and its variety of symptom depends on the varying relations of the following factors: the quantity of the poison produced, the sensibility to the poison of the various organs, toxic and infectious manifestations on the part of the *bacillus coli*, which becomes virulent, pathogenic, and tends to invade the organism. The enteric bacillus produces a poison which acts on the whole system, but shows most in the case of the lymphatic tissue of the mucous membrane of the intestine; but enteric fever is no more a disease of intestinal origin than small-pox is a disease of cutaneous origin. The discovery of the bacillus of Eberth seemed to have made everything clear and simple: the bacillus got into the alimentary canal, multiplied there, covered the mucous membrane with its lesions, and there manufactured its poison to be absorbed into the system. But there is no relation between the gravity of the symptoms and the extent of the intestinal lesions, there is no relation between the intensity of the intestinal symptoms and the extension of the intestinal lesions. When the diarrhœa begins, the spleen is already enlarged, and bronchial congestion reveals itself by sibilant râles. And diarrhœa may be absent, or delayed, or initiated by the administration of a purgative. Again, fatal cases are known where the intestinal lesions are slight, or absent. Strictly speaking the bacillus has never been isolated with certainty either from the dejections or from the intestinal walls: the criteria applied have been insufficient to distinguish it from the *bacillus coli.* It is generally acknowledged that the bacillus is not found in the intestinal contents before the second week; and the reason is because the bacillus is not there at that early period, but in the lymphatic system. Hastelius observed in a fœtus of eight months born of a mother suffering from enteric fever that the spleen was hyperæmic, the follicles of the intestine and the mesenteric glands much infiltrated. Yet the bacillus could hardly have got into the intestinal canal of the fœtus, and it is known to be difficult for microbes to pass the placental filter.*

Lastly, Sanarelli states, after a careful experimental comparison of the physiological effects of the toxines of the bacillus of Eberth and of the *bacillus coli*, that the two poisons do not possess the same biological functions, and that the two microbes must be considered as two distinct varieties incapable of replacing one another in human or experimental pathology, the bacillus of Eberth, and not the other, being essential to the causation of enteric fever.

Perhaps the most important part of Sanarelli's results is that dealing with the subject of tolerance on the part of the intestinal wall towards the enteric poison, a local tolerance, which prevents intestinal lesion, though it does not prevent death from the poison. This will be noticed more fully in Section III.

Lösener(16) thinks he has made a beginning in the discovery of the bacillus of Eberth in a saprophytic condition in nature; but further research in this direction is necessary.

Of practical importance are the experiments on animals of Alessi,(17) who found that the mixed gases of putrefaction, when inhaled for a time, made the animals more susceptible to enteric fever, and increased the effect upon them of a weakened culture of the bacillus. A similar sinister influence has already been demonstrated by other experimenters to be exercised by fatigue and by continued heat. To all these malign influences the British soldier in India is more or less exposed.

The water theory of enteric fever, as of cholera, seems at present to have most to say for itself. But practical sanitary workers do wisely not to tie themselves to the theories of extremists, because the progress of time and the advance of knowledge usually show sooner or later that extremists have been emphasizing only a part of the truth. The sole safe and judicious course for responsible sanitary authorities is, while attending thoroughly to all the points urged by the various extremists, not to leave any point of sanitation untouched, however minor it may at the time be considered; because, in the first place, a point minor in the view of present knowledge may by the advance of science acquire cardinal importance, and, in the second place, the more minute and pervading the attention to cleanliness in all things, the fewer possible avenues of approach will be left, not only for enteric fever, but for any filth disease.

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* But see *Centralblatt für Bakteriologie*, Band XVIII, p. 178, for a case in which the bacillus was found in the spleen of a fœtus.

Moved by the favourable experience of the French army, the military authorities in India are at present arranging for experiments in selected stations as to the best form of Pasteur-Chamberland filter for barrack use with a view to its ultimate introduction at all stations. But experiments on a small scale on the Berkefeld and Pasteur filters have been in progress since 1892.

Some medical officers appear to distrust the trench system for the disposal of night-soil; but their fears should be groundless, if the system is properly carried out. No system will give satisfactory results, if worked without constant attention to details.

But it would be an improvement, if in all cases of enteric fever medical officers were as a matter of routine to see to the total destruction of both stools and urine.

In the case of such hill stations as cannot provide for the cultivation of the trenched ground, and where the available ground is very limited, the whole of the night-soil should be incinerated.

But it is not enough that air, earth, water, and men should be kept scrupulously clean in cantonments. As was said in the report for 1892, page 25, it is necessary to extend the area of cleanliness far beyond cantonment limits,—in fact, ultimately throughout the length and breadth of India. For the troops will never be safe so long as the native population and its towns and villages are left uncleansed to act as a reservoir of dirt and disease. This process of improvement of the general hygiene of the country has doubtless been entered upon, and must doubtless be a slow one; but greater and more strenuous efforts would be made to encourage it, and to educate the natives up to the desire for it, if it were realised that the present system of cleansing small areas for the European troops, and leaving the surroundings of these sanitary oases as filthy as ever, has proved to be neither very cheap nor sufficiently effectual.

There was an increase of both morbidity and mortality from enteric fever in 1894. As compared with the corresponding ratios of 1893, the admission (20·9) and death (5·75) ratios rose respectively by 0·9 and 0·46 per mille of strength. There were 1,484 admissions and 409 deaths against 1,403 and 371 in 1893.

Fever mortality.

15. The following table shows an increase in total fever mortality, which may be ascribed to the greater youthfulness and less average length of service of the soldiers of to-day.

Mortality from Fevers.

	1870—79.			1881—90.			1893.			1894.		
	Enteric Fever.	Other Fevers.*	Total of both.	Enteric Fever.	Other Fevers.*	Total of both.	Enteric Fever.	Other Fevers.*	Total of both.	Enteric Fever.	Other Fevers.*	Total of both.
Army of India† . . .	2·03	1·42	3·45	3·79	·70	4·49	5·29	·70	5·99	5·75	·56	6·31

* Intermittent, remittent, and simple continued fevers.
† Excluding troops on active service in Burma during 1885 to 1887.

It shows an increase of mortality from enteric fever, accompanied by a decrease in mortality from the other fevers, which is probably partly due to increased susceptibility to enteric fever on the part of the army, from youth and recent arrival, and partly to the greater frequency with which the diagnosis of enteric fever is now made.

Enteric fever and age.

16. The following table, which is, as far as 1894 is concerned, derived from Statement II of the appendix to this section, shows the greater liability of the young soldier to die from enteric fever, and the decreasing liability with age :—

Enteric Fever and Age.

YEAR.	MORTALITY FROM ENTERIC FEVER AND RATIO OF LIABILITY AT DIFFERENT AGES.					
	24 and under.		25 to 29.		30 to 34.	
	Deaths per mille.	Percentage of liability.	Deaths per mille.	Percentage of liability.	Deaths per mille.	Percentage of liability.
1890 . . .	7·78	65·93	2·84	24·07	1·18	10·00
1891 . . .	9·11	68·65	2·97	22·38	·71	5·35
1892 . . .	8·44	64·87	2·92	22·44	1·65	12·68
1893 . . .	7·77	60·89	2·91	22·81	2·08	16·30
1894 . . .	8·51	61·67	2·92	21·16	2·37	17·17

Enteric fever and length of service in India.

17. Again, the following, which, as far as 1894 is concerned, is derived from Statement III of the appendix to this section, shows that the recently arrived soldier is more apt to die from enteric fever than he who has been longer in the country, and that with increased length of service in India the liability to death from enteric fever rapidly diminishes :—

Enteric Fever and Length of Service in India.

YEAR.	MORTALITY FROM ENTERIC FEVER AND THE RATIO OF LIABILITY AT DIFFERENT PERIODS OF RESIDENCE IN INDIA.					
	1st and 2nd years.		3rd to 5th year.		6th to 10th year.	
	Deaths per mille.	Percentage of liability.	Deaths per mille.	Percentage of liability.	Deaths per mille.	Percentage of liability.
1890 . . .	10·21	66·47	2·98	19·40	2·17	14·13
1891 . . .	11·60	64·19	3·64	10·14	2·23	2·34
1892 . . .	10·69	65·99	3·36	20·74	2·15	13·27
1893 . . .	9·88	63·17	3·20	20·46	1·89	12·08
1894 . . .	11·31	64·22	3·45	19·59	2·18	12·38

Enteric fever and season.

18. An examination of Table XXV shows that the month of maximum prevalence for Bengal and for India was May, for Bombay July, and for Madras October. May was the maximum month for Bengal-Orissa, Gangetic Plain, Upper Sub-Himalayan, Indus Valley, and Hill Stations; July for Central India and the Deccan; August for Burma; September-October for Southern India. Table I shows the monthly distribution of enteric fever in the European army of India, and compares it with the distribution of some other fevers, the numbers given being cases admitted into hospital. Enteric fever was most prevalent in May-July, the maximum being in May; simple continued fever in April-August, the

maximum being in May; remittent fever in July-October, the maximum being in October; ague in September-October, the maximum being in October.

Enteric fever in the Geographical Groups.

19. The following table shows enteric fever in the geographical groups in the decennium 1882-91 and in the last five years:—

Admissions per 1,000.

Period.	Burma Coast and Bay Islands. I.	Burma Inland. II.	Bengal and Orissa. IV.	Gangetic Plain and Chutia Nagpur. V.	Upper Sub-Himalayan. VI.	Indus Valley and North-Western Rajputana. VII.	South-Eastern Rajputana, Central India, and Gujarat. VIII.	Deccan. IX.	Western Coast. X.	Southern India. XI.	Hill Stations. XII*a*.	Hill Convalescent Depôts. XII*b*.
1882—91	4·1	4·7	5·4	24·3	18·6	12·5	17·4	12·0	4·5	10·9	18·4	10·7
1890	20·7	5·1	4·4	22·1	31·9	9·4	22·9	10·1	9·8	8·4	26·1	11·7
1891	3·7	8·5	10·9	31·3	31·1	12·1	25·9	13·3	2·3	19·6	21·3	16·3
1892	3·7	7·3	5·7	24·1	26·5	17·1	20·3	22·7	5·1	14·9	36·0	22·3
1893	12·0	4·2	10·6	22·7	30·8	14·0	25·2	15·3	9·3	20·1	22·1	13·1
1894	2·6	5·3	7·6	23·8	27·2	21·1	32·6	19·8	4·1	13·4	25·1	19·2

It shows that groups VIII, VI, V, and XII*a*, especially, are apt to have high ratios of admission from enteric fever, and groups I, II and X low ratios. It also shows at a glance which groups had more, and which had less, enteric fever in 1894 than in the previous year.

Enteric fever in stations.

20. The distribution of enteric fever throughout the year by stations and months may be studied in Table XXV. But the following shows those garrisons of India which had an average strength of over 1,000 in 1894, with their decennial ratios for reference:—

Stations.	1894.		Decennium 1882-91.	
	Admission-rate.	Death-rate.	Admission-rate.	Death-rate.
Mhow	67·0	15·23	19·2	5·31
Meerut	41·0	14·20	15·9	4·93
Agra	37·6	5·84	13·9	4·46
Umballa	35·6	10·47	10·6	2·49
Bareilly	29·2	4·38	34·2	8·67
Peshawar	27·7	11·96	10·4	4·33
Allahabad	26·3	4·10	19·3	5·17
Lucknow	25·5	8·01	32·7	5·62
Ranikhet	24·7	2·96	32·6	5·01
Secunderabad	20·8	5·12	19·4	5·40
Sialkot	19·0	5·19	32·1	8·13
Bangalore	18·4	5·20	18·1	3·66
Ferozepore	17·2	6·34	11·8	3·85
Quetta	17·1	3·61	14·0	3·67
Poona	15·7	6·88	10·5	3·58
Rawalpindi	12·8	2·92	19·9	5·34
Aden	5·7	·95	2·0	1·25
Fort William	5·4	·90	3·7	2·21
Kurrachee	4·9	·70	22·4	4·00
Wellington	4·5	2·70	5·7	1·95
Colaba (Bombay)	2·2	·74	4·6	1·59
Belgam	1·7	·85	2·9	1·19

The high position occupied by the decennial ratios of Bareilly, Lucknow, Ranikhet and Sialkot will be observed, and the low position of the ratios of Aden, Belgam, Calcutta and Bombay. The number of cases in each station, and their seasonal distribution, may be studied in Table XXV. In the next paragraph will be quoted the reasons given by medical officers for the prevalence of enteric fever in, or absence of enteric fever from, certain stations; but in addition the Summary of Sanitary Reports at the end of Section VIII may be consulted.

Extracts from the reports of medical officers.

21. As in former years, it was in certain cases strongly suspected that members of newly arrived drafts had imbibed the active cause of the disease on their way inland from the port of landing, owing to their unwarned inexperience. Many medical officers affirm that the sanitary arrangements of cantonments and barracks is so good that the men are safe so long as they remain therein, but are exposed to danger outside these limits from contaminated drinks and articles of food. But the researches and observations of Mr. Hankin have shown that into the cleanest cantonments, and in spite of apparently close supervision, filth and probably disease can be introduced from outside by the hands of roguish or careless natives, who in either case are innocent of any intention to spread disease; or by the equally involuntary agency of flies. Many medical officers lay stress on the influence of climate acting on young and unseasoned soldiers; but the medical officers at Umballa, Dagshai, and Ahmednagar did not find men of longer service or greater age to enjoy any marked comparative exemption. Some patients acknowledged having used foul water, aerated water, milk, or ice, when in the bazar, or when out shooting and living in native villages, or when marching *en route* from the plains to the hills. The water-supply was found to be liable to contamination at Ranikhet, Solon, Meean Meer, and Nowshera. Teetotalers were reported to be more affected than others at Nasirabad, not more than others at Mhow less than others at Bangalore. At Mhow and Poona the chief difference discovered in the circumstances of the regiments affected and of those unaffected, or only slightly affected, was in the milk-supply. But at Bangalore and elsewhere it was noticed that women and children, who are great consumers of milk and of water, suffer comparatively little from enteric fever. At Meerut it was suggested that bread made with contaminated water and then insufficiently fired might have been an agent in the diffusion of the disease. The medical officer of Solon strongly condemns the trench-burial system for night-soil as unsuited to hill stations. Other officers are dissatisfied with the trench system: but they make no direct reference to the possibility of the disease being air-borne in dust. The probability of the agency of flies in conveying the infection from dejecta to articles of food is noticed by several officers. The medical officer of Lucknow remarks that not withstanding the introduction of a pure water-supply, and the provision of a well-kept dairy for each corps, enteric fever amongst the troops is almost as rife as ever, and is of opinion that the men get enteric fever in the bazar, where they get venereal disease. But the discoveries made by Mr. Hankin with regard to the water-supply of the barracks during the investigation of the cholera outbreak in Lucknow (referred to in Section VI of this report) may perhaps be considered to have thrown some light on the etiology of the enteric fever also. Calcutta, Darjeeling, Jhansi, Rawalpindi, Campbellpur, Murree, Mandalay Bombay, Aden, and Khandalla were distinguished by the rarity of enteric fever cases. The chief causes

noticed for this are a good water-supply, and the removal of excrement to a long distance off. At Campbellpur it was attributed to having a good dairy, and sending the young soldiers off to the hills. Putting the bazar out of pounds was said to have been efficient in checking the disease at Nasirabad. It must be remembered that the station in which a case is admitted is not always the station in which the disease was contracted; for medical officers frequently noted, especially in the case of hill stations, that the disease must have been contracted before arrival, either from impurities encountered on the march, or from a cause existing in the previous station. Out of the 1,484 cases of enteric fever which occurred throughout the army of India in 1894, about 25 are noticed as having declared themselves among men already in hospital, either as patients or as attendants. Out of these, 19 were in hospital for venereal diseases, 4 were in hospital for other diseases, and 2 were orderlies in attendance on enteric fever cases. At Allahabad one man went through a second attack of enteric fever.

The following quotations from the reports of medical officers illustrate some of the points mentioned above.

Dum-Dum.—The cantonment is studded with numerous small bustees, which are overcrowded with natives, and which are under no restraint whatever as regards sanitary arrangements. The consequence is that it is more convenient, as regards distance, for a soldier to get his supplies of pop, extra milk, or butter from one of these bustees than it is from the sudder bazar, which is under supervision. Besides this there are numerous tanks in cantonments which are receptacles of filth of all descriptions.

Darjeeling.—Both belonged to a draft of 20 men which arrived at Bombay on the 9th April and at Darjeeling on the 22nd April. If drafts of men to other stations give such a high percentage of enteric cases proved to be contracted on the journey, it shows that there is something radically wrong somewhere. I would recommend that the journey from Bombay to their respective stations be done more quickly, and that more careful supervision be exercised over the quality of their food and drink.

Lucknow.—Notwithstanding the introduction of pure municipal water in August last, and the care with which each corps has provided a well-kept dairy, it is disheartening to find enteric fever amongst the troops almost as rife as ever. Within the regimental lines there is no insanitary influence which should cause the disease. Without the regimental lines things are different. The cantonment sudder bazar has grown to the proportions of a small city, and is crowded with natives of all classes and their dirty surroundings. There are various attractions to the soldier in the shape of billiard rooms, treating shops, prostitutes' quarters, which afford the soldier ample opportunity of exposing himself to infection of all kinds. He is furnished with bazar-made mineral waters and doubtful food of various kinds. The city of Lucknow and its various dirty suburbs are also open to him; and on Thursdays and Sundays he flocks to these insanitary quarters. The appalling number of admissions for venereal disease shows where he spends his leisure hours. It does not appear to me to be unreasonable to suppose that where he contracts venereal disease he also contracts enteric fever. Efforts were made throughout the year by an examination into the history of each case to ascertain if possible some exact cause for the infection; but little success crowned these efforts, as within the lines there appeared to be no common cause for the disease, while without the lines the causes are too numerous and the difficulty of the investigation too great to arrive at anything that could be called a definite conclusion.

Ranikhet.—The water-supply is the same as reported in previous years. It is conveyed to barracks in leather mussacks. The source is pure, but is not sufficient for all purposes during the summer months. This involves a dual supply,—that for ablution purposes being obtained from sources not pure. All possible precautions are taken to guard against the dangers of this unsatisfactory method of water-supply, but possibilities of pollution of puckals, receptacles, and filters are ever present.

Solon.—The excess of sickness, and especially of preventible diseases, such as enteric fever, dysentery, erysipelas, sorethroat, etc., is in my opinion due to the following insanitary conditions. The Solon bazar is contiguous to cantonments, but out of cantonments, and is in a horribly filthy condition, there being no system of conservancy or scavenging whatever. The water-supply, though good at its source, is liable to contamination in transit. The barracks have been overcrowded throughout the season. The moveable latrine system for natives in use in this station appears unsuited for the hills. The filth-pits were too close to the barracks, and the sites were completely exhausted from prolonged use. This site was closed towards the end of June, and a fresh site selected at a considerable distance from barracks. From this date no case of enteric fever was admitted from the Dugshai range.

Mian Mir.—The water-supply is from the water-works on the banks of the branch canal passing close to Mian Mir. The original source is liable to pollution by the town of Sujanpur, from which the water takes 4½ days to reach Mian Mir. The water-works were found in a very insanitary state. There were houses for the native employés on the edge of the settling tank, the water was raised by oxen, whose droppings caused an insanitary state of the vicinity and were liable to be washed into the tanks during rain. The filter-beds were irregular, the sand encrusted, and the walls of the tanks covered with slime. The filtering material was not changed sufficiently often. The enclosure was allowed to run to jungle, which was converted by the natives into a latrine. Moreover, the supply to both the station and section hospital mortuaries was in direct communication with the main supplying the barracks; and the supply being an intermittent one, every time it was turned off impurities were apt be drawn into the pipes through open taps and leaks. The defects in the water-works have been removed. Water is now raised by steam power to the high-level storage tank. The objectionable jungle and houses have been removed. The sand for the filters is burnt, and the renewal of the filtering material carried out with regularity. The ground around the settling tanks has been planted with grass, and sloped so that the drainage during rain is from and not into them. Intercepting tanks with ball cocks have been supplied to the mortuaries. The whole of the service pipes have been taken up and relaid. An extra filtering tank is in process of construction. The supply is intermittent. Recommendations that it should be constant have been made, and it is hoped that when the new tank is finished this will be accomplished. There is a proposal to obtain the supply from the Lahore water-works, where the water is procured from wells sunk in the old bed of the Ravi river, and to abandon the present source. A severe outbreak of enteric fever during the year was attributed to the water.

Nowshera.—The incidence of this outbreak of enteric fever, the most severe that has occurred for a number of years, was pretty widely distributed over the European troops in garrison. Careful inquiry seemed to point to contamination of the water-supply as the probable source of the infection. Of ten samples of water from these wells reported on by the Chemical Examiner to the Government of the Punjab on the 17th May two were found of fair quality, five suspicious, and three unusable. All the wells in barracks were closed on the 8th May, and the drinking-water, which was drawn exclusively from the hospital well, was boiled and filtered. Nineteen cases were, however, admitted subsequently to these measures being taken, and it seems necessary to assume that the water was not the only source of infection, or that the filters continued to add to the filtered water the germs stored up in them from the previously contaminated water. A spring exists about five miles from cantonments, surrounded by uninhabited country, and yielding at present about 26,640 gallons an hour, from which the engineer authorities state that it is perfectly practicable to lay pipes into the station.

Bangalore.—All the garrison were subjected to exactly the same conditions as to their official water-supply, so it must be presumed that in the cases attacked either their bodies presented some very favourable condition for developing the disease not found in the very large majority of their comrades, or they were subjected to some unusual circumstances which led to the poison being absorbed or conveyed into their system. . . . . I have drawn out a table in consequence of a paper recently read in Calcutta, in which it was stated that abstainers were more liable to enteric than non-abstainers. The cases in Bangalore prove the opposite, and also show that a larger proportion of the non-abstainers die of the disease. . . . . It may be observed that the classes that consume by far the largest amount of milk, the women and children, practically escape. . . . . Although you may thoroughly protect the soldier while in his barracks, once he leaves them he passes out of this protection, and your power to guard him against disease is practically nil. . . . . The source of disease should be looked for rather outside than inside barracks. . . . Climatic influences also, I think, predispose to the disease, and favour its development. New arrivals in the country, unaccustomed to tropical life, suffer from heat-exhaustion, and are more easily fatigued than those who have become acclimatised. Heat-exhaustion and lassitude cause loss of appetite but increase the desire for fluids. A low habit of body ensues, rendering the individual fitting soil for the development and maturity of such morbid germs as may have entered the system. . . . . I have expressed an opinion that flies act largely as the carriers of contagion in India: they alight alternately on filth and on articles of human food.

Mandalay.—The conditions in England and in India are totally different. In England whole streets, districts, or even towns, receive their milk and water supply from the same source, so that any contamination of these supplies is certain to lead to an extensive outbreak of disease which can scarcely fail to be traced to its source. In India, on the other hand, milk and various other articles, brought from no one knows where, are often consumed by individual officers and men, and when any of these are attacked by enteric fever, it naturally follows that the source of the disease cannot be traced. . . . . The small number of cases and the irregular manner in which they occurred precluded their being due to contamination of the water-supply. Were enteric fever a climatic disease, it ought to prevail extensively in this station. . . . . Instead of prevailing extensively, however, it is less frequently seen than in even the healthiest stations in India. . . . . When we consider the entire absence of even the most rudimentary attempts at sanitation in the native towns and villages, the wonder is, not that enteric fever exists among the troops in India, but rather that it is not ten times more prevalent among them than at present.

Mhow.—The period of the intensity of the epidemic extended from July 7th to 22nd, between which dates there were 51 admissions. From the latter date to the end of the month there were 20 admissions. . . . . The epidemic was chiefly confined to the men of the 2nd Durham Light Infantry. . . . . There is no evidence to show that teetotalers suffered any more than others from the disease. . . . . The 7th Hussars drink practically no milk. . . . . This regiment had a severe outbreak of enteric fever when quartered in Secunderabad, which was attributed to milk: hence their objection to the use of milk. The milk for the R. H. A. was milked under regimental supervision, and boiled before use. The D. L. I. obtained their milk and butter from a native. . . . . This native had a dairy near the regimental lines, but, as he was unable to obtain enough milk from his own cows he obtained a supplement from the surrounding villages. This milk was not boiled before being used. . . . . It was recommended that all milk should be boiled, and that none should be used other than that obtained from cows milked under the supervision of European orderlies. Very soon after this recommendation the admissions for enteric fever began to decline. As this milk-supply was one of the chief things in which the Durham Light Infantry differed from the other European troops, and as on the above recommendation there followed a marked decline in the number of admissions, I think it may safely be taken for granted that this milk-supply was a large factor in causing the epidemic.

Nasirabad.—Until a complete bacteriological examination of any of the suspected sources can be made, it is useless guessing, as we now know that even under the best supervision the native will manage to contaminate our milk and water supply. When the cases occurred so rapidly together in April, the bazar was suspected, and put out of bounds. This apparently was efficient, as the number diminished in May to two, and then ceased altogether until August. One thing suspicious about most of the cases, and that points strongly to milk, water, or mineral water contamination, was that most of the patients were teetotalers. . . . . In one case this year, which happened in my own family, I have very little doubt that the disease was conveyed by curds, my cook having used curds to make scones with.

Poona.—It is of interest in regard to the larger number of admissions from Ghorepurie barracks as compared with Manowrie barracks to note a difference in the arrangement for the supply of milk and butter. A dairy had been kept up in Manowrie lines, from which supplies for the regiment were drawn. At Ghorepurie milk and butter were supplied by a contractor, the same man as ran the dairy in the Manowrie lines, who also employed men to hawk through the barracks. Beyond this there was practically no supervision. Both barracks have now got dairies in working order.

Jhansi.—The chief causes of the remarkable immunity I believe to have been, 1st, the mode of conveying drinking-water from the wells to the barracks in galvanized iron buckets instead of in mussacks; and the restrictions imposed upon the sale of mineral waters in cantonments; and, 2nd, the general indifferent health of the younger soldiers, which rendered them less inclined to wander beyond cantonments and quench their thirst at village wells or other doubtfully pure sources of water-supply.

Rawalpindi.—There were 35 admissions for this disease against 94 last year—a most notable decrease. Enteric fever can hardly be called endemic in the station since the introduction of the new water-supply; and it was immediately following this introduction that the marked decrease in the number of enteric cases commenced.

Murree.—The entire absence of the disease was probably due to the excellence of the new water-supply, strict attention to sanitary surroundings, effective supervision of milk and all food supplies brought into barracks, and, lastly, the early removal of night-soil to the foot of the hill by wire tramway.

Bombay.—The troops at Colaba appear to have a certain degree of immunity from enteric fever, and young soldiers on arrival from home do not seem to contract the disease so readily here as they do in most other cantonments in India. . . . . It would be important to know exactly why enteric fever is rarely met with at this station, while it is so common in most of the other cantonments of India, but I think that in the present state of our knowledge it would be difficult, if not impossible, to solve the question. It may be noted, however, that Colaba possesses a good water-supply, and has a conservancy system which is different from that which obtains in most other Indian stations. The dry-earth system is not used, but disinfecting powder is employed, and the ordure is removed daily, not buried, and thrown into the sea at a great distance from cantonments.

Aden.—The principal factors for the production of enteric fever are absent from Aden. The water for drinking is absolutely pure, milk is not hawked about for sale, and condensed milk is more favourably received. There are no drains, and all deleterious matter is removed to a very great distance.

Typhus, Dengue, Scarlet Fever, Epidemic rose rash, Mumps, Erysipelas.

22. No cases of typhus were reported in 1894. In all there were 42 cases of dengue, all at Aden. Eight cases of scarlet fever were reported, all mild. Three were said to have originated on board ship or in England: the source of the others was not traced. There were only 4 cases of epidemic rose rash; and only 21 of mumps, 13 of them at Wellington. Erysipelas gave 128 cases, distributed over a number of stations, the highest numbers at any one station being 21 at Quetta, and 12 each at Rawalpindi and Kuldunnah.

Bowel Complaints.

23. The admission rate from dysentery, and the death rates from dysentery and from diarrhœa were raised:—

Bowel Complaints.

PERIOD.	INDIA.			
	DYSENTERY.		DIARRHŒA.	
	Admissions per 1,000.	Deaths per 1,000.	Admissions per 1,000.	Deaths per 1,000.
1870-79	40	1·48	63	·12
1881-90	30	·80	44	·09
1890	29	·74	30	·04
1891	29	·45	31	·07
1892	28	·63	31	·09
1893	24	·51	21	...
1894	27	·60	21	·06

Dysentery was, as usual, most prevalent in the Madras army. The following is given in order that it may be compared with the similar table for abscess of the liver:—

Dysentery.

Groups.	Death-rate per 1,000.	Percentage in total deaths.
1. Burma Coast and Bay Islands	1·77	10·5
2. Burma Inland	...	...
4. Bengal and Orissa	1·78	13·8
5. Gangetic Plain and Chutia Nagpur	1·17	3·5
6. Upper Sub-Himalayan	·57	3·5
7. Indus Valley and North-Western Rajputana . .	·36	2·0
8. South-Eastern Rajputana, Central India, and Gujarat .	·84	5·1
9. Deccan	·30	2·6
10. Western Coast	1·17	7·4
11. Southern India	·27	3·0
12*a*. Hill Stations	·60	5·1
12*b*. Hill Convalescent Depôts	...	...
ARMY OF BENGAL . . .	·72	3·9
ARMY OF MADRAS . . .	·52	5·5
ARMY OF BOMBAY . . .	·30	2·1
ARMY OF INDIA . . .	·60	3·8

24. Hepatitis. While the admission rate from hepatitis remained the same as in the previous year, there was a large increase in the mortality from abscess of the liver. The number of deaths from that disease increased by 23.

Hepatitis.

Period.	India.			
	* Hepatitis.		Abscess of the Liver.	
	Admissions per 1,000.	Deaths per 1,000.	Admissions per 1,000.	Deaths per 1,000.
1870-79	50	2·19	†	†
1881-90	26	1·33	†	†
1890	21	1·15	2	1·05
1891	19	1·07	2	·97
1892	19	1.19	2	1·10
1893	18	·92	1	·88
1894	18	1·24	2	1·20

* Including abscess of the liver.
† No data.

The admission ratio of Bombay was much higher than that of the other presidencies, and the death rate was also higher. It is usual for Madras to be highest.

To show the distribution in the presidencies and geographical groups of India of mortality from abscess of the liver the following table is given:—

Abscess of the Liver.

Groups.	Death-rate per 1,000.	Percentage in total deaths.
1. Burma Coast and Bay Islands	4·41	26·3
2. Burma Inland	...	...
4. Bengal and Orissa	2·67	20·7
5. Gangetic Plain and Chutia Nagpur	1·43	4·3
6. Upper Sub-Himalayan	1·00	6·1
7. Indus Valley and North-Western Rajputana	·54	3·0
8. South-Eastern Rajputana, Central India, and Gujarat	2·01	12·2
9. Deccan	·70	6·0
10. Western Coast	1·76	11·1
11. Southern India	·82	9·1
12a. Hill Stations	·70	6·0
12b. Hill Convalescent Depôts	3·65	17·8
Army of Bengal	1·15	6·2
Army of Madras	·97	10·2
Army of Bombay	1·57	10·8
Army of India	1·20	7·4

The percentage of hepatic abscess in the total causes of death was highest in Burma Coast, as was also the death rate per mille. If this table be compared with that just given for dysentery, by placing the groups in the direct order of the mortality from each disease, and then dividing each table into an upper half and a lower half, it will be found that, while 5/6ths of the high dysentery mortalities had also high hepatic abscess mortalities, and 5/6ths of the low dysentery mortalities had also low hepatic abscess mortalities, the order of the groups in hepatic abscess does not, except in a few cases, correspond closely with the order of the groups for dysentery.

In Bengal the abscess of the liver was said to have been associated with dysentery in 30 out of 51 fatal cases (59°/o); in Madras in 5 out of 13 (38°/o); and in Bombay in none out of 21. It is practically certain that the great disagreement in the percentages of the three presidencies is, at least in great part, due to the fact that greater care was exercised in Bengal in getting the association of these diseases noted by medical officers. For the period 1888-94 the corresponding figures are, for Bengal 136 out of 345 cases (39°/o), for Madras 23 out of 109 (21°/o), for Bombay 2 out of 74 (3°/o), and for India 161 out of 528 (30°/o).

If attention be now turned to the relation of abscess of the liver to dysentery, and if it be assumed that the total number of deaths from dysentery is equal to the deaths returned as from dysentery alone added to the deaths returned as from abscess of the liver associated with dysentery, it is found that in the period 1888-94 out of the 311 men who died from dysentery in Bengal 136 had also abscess of the liver (44°/₀), out of the 108 in Madras 23 (21°/₀), out of the 46 in Bombay 2 (4°/₀), and out of the 465 in India 161 (35°/₀). In the *Zeitschrift für Hygiene* for 1894, Vol. XVI, pages 122 and 123, statistics on the same subject for various countries are quoted by Kruse and Pasquale from Woodward. The following is a summary of these, with the addition of the percentages :—

COUNTRIES.	Dysentery autopsies.	Abscess of liver found.	Percentage.
India	1,684	364	22
Cochin China	160	21	13
Algeria	1,001	180	18
Chili	70	21	30
West Indies and Senegambia . . .	745	183	25
Egypt	11	4	36
United States	9	6	67
TOTAL .	3,680	779	21

If to the total of this table be added the figures for India for 1888-94, the percentage becomes 23. If the same be added to the figures for India in the table, the Indian percentage becomes 24; or, if Bengal be added to the India of the table, the Indian percentage becomes 25.

Unfortunately, in the standard tables abscess of the liver has been shown separately from hepatitis only since 1888. If the curve of dysentery and that of *hepatitis* (including abscess of the liver) for India from 1870 to the present time be placed side by side, it will be found that the latter steadily descends, while the former, though its end is lower than its beginning, is between those two points far from parallel with the other. A great rise of dysentery during the years of the Afghan war was not either accompanied or followed by any corresponding rise in the hepatitis curve. This want of parallelism obtains also in the geographical groups and in the stations as a whole; though it must be mentioned that in some stations, such as, for example, Fort William and Thayetmyo, the curves of the two affections agree more closely; and that in 8 of the 12 geographical groups a high dysentery and a high hepatitis ratio, a low dysentery and a low hepatitis ratio, go together; but that this agreement is not close, as the *order* of highness or lowness is not the same for the two diseases in those 8 groups.

Again, in comparing the geographical groups there is found no indication of a close relation between ague and hepatitis.

On the other hand, if the hepatitis curve be placed side by side with a curve showing the gradual increase in the number of men of under 5 years' service in the army, a very marked relation is shown,—as the number of men of short Indian service has increased, the ratio of hepatitis to average strength has decreased. A similar relation exists, but only from 1879 in the case of age,—as the number of men in the army who are under 25 years of age has increased the ratio of hepatitis has diminished.

Another point of importance with regard to the connection of dysentery and abscess of the liver is that on comparing the European army, the native army, and the prisoners of India, it is found that the order in which they stand with regard to dysentery is

1. Prisoners.
2. Native troops.
3. European troops.

the curve of the first running at a very much higher level than that of the third, and the curve of the second being nearer in level to that of the third than to that of the first.

But with regard to hepatitis the order in which they stand is

1. European troops.
2. Native troops.
3. Prisoners.

In this case the curve of European troops runs at a much higher level than the other two curves, but sinks so rapidly as to meet them in 1892-93, they having risen slightly at that time. The curve of the native troops is intermediate, but somewhat nearer to that of the prisoners than to that of the European troops. A fall between 1880 and 1885 is common to both bodies of troops, but the prisoners show no sign of it.

Again, the highest ratio of admission from dysentery among the European troops from 1870 onward was 54·1, and the lowest 24·5; among native troops the highest 96·3, and the lowest 39·3; among prisoners the highest 113·3, and the lowest 79·4. On the other hand, the highest admission ratio from hepatitis among European troops in the same period was 58·1, and the lowest 18·1; the highest among native troops 2·5, and the lowest 1·4; the highest among prisoners 1·9, and the lowest 0·8.

The curves of dysentery and hepatitis from 1877 onwards in the case of native troops exhibit a very considerable amount of agreement. This might be held to mean that in the case of natives dysentery is the important factor in the causation of abscess of the liver, whereas in the case of European troops some other powerful factor is added; but doubt is thrown upon this explanation by the fact that in the case of prisoners there is no agreement at all between the curves of dysentery and hepatitis.

It has sometimes been affirmed that multiple abscesses are connected with dysentery, but that solitary abscesses are usually unconnected. But the following notes from the reports of medical officers for 1894 show that the matter is not so simple. As only some medical officers discussed the subject, the figures are of course very incomplete:—

1. Multiple abscesses unconnected with dysentery . . .	12
2. Single abscesses connected with dysentery	5
3. Abscesses not associated with dysentery	11
4. Single abscess with intestinal ulceration but no dysenteric symptoms	1

5. Multiple abscesses with intestinal ulceration but with no symptoms of dysentery	1
6. Multiple abscesses with dysentery	8
7. Single abscess with dysenteric symptoms but without intestinal ulceration	1
8. Multiple abscesses with dysenteric symptoms but without intestinal ulceration	1
9. Abscess not further defined, with dysentery	7
10. Dysentery following multiple abscess	1
11. Dysentery following hepatitis	1
12. Hepatitis following dysentery	3
13. Abscess with history of dysentery some years before, but in one case with ulceration present	2

Kruse and Pasquale(18) studied 15 cases of liver abscess in Egypt, in 6 of which a direct connection with dysentery could be made out. These all showed the presence of the *amoeba coli* in the abscess, the other 9 did not. Bacteria were present in 5 of the 6 dysenteric abscesses, in 3 of the idiopathic. In 4 of the 8 cases in which they were found they were streptococci. These observers sum up the opinions based on their researches somewhat as follows. The origin of liver abscess seems to be dependent on climatic influences. Europeans in the tropics are more liable than natives, and the same is the case in Egypt. Again, there speaks for climatic influence the fact that, apart from dysentery, hepatic affections, and especially abscess, are very frequent among European residents. These latter abscesses are not caused by the amœbæ: it rather seems probable that the climate lowers the resistance of the organism against various noxia coming from without. The dysentery of Europe is rarely followed by abscess of the liver. It is said that Roumania is the only European county where hepatic abscess is frequent as a complication of dysentery; and this is said to be due to the fact that there the liver is apt to have been prejudicially affected by malaria.

Macfadyen(19) publishes a case, in which "there was no dysentery," of single abscess containing no amœbæ, but streptococci. Leahy(20) and Curnow(21) each publishes a case of single abscess of Indian origin associated with dysentery, in which the pus of the abscess contained *amœbæ coli*. Younge(22) mentions that in the Crimean war there was much dysentery among the troops for two winters, but only one case of abscess of the liver; and states that he agrees with Dochemann that hepatic abscess is due to hepatic exhaustion brought about by long exposure to great atmospheric heat.

It seems, then, that if in 21 to 59 per cent. of the fatal cases of abscess there is found association with dysentery, and if in 20 to 25 per cent. of the fatal cases of dysentery there is found complication with hepatic abscess, there must be a real connection between the two diseases; but the exact nature of that connection remains unknown, partly from deficient statistical data, and partly from want of further skilled pathological and biological investigation. The fact that the native inhabitants of India, while more liable to dysentery, as well as to malarial fever, are less liable to hepatic abscess than the European temporary sojourners in the country, appears to point to some such influence of climate as is suggested in the quotations given above.

Respiratory diseases.

25. That there was some increase in respiratory morbidity and mortality was perhaps due, at least in part, to the revival of influenza.

Respiratory Diseases.

PERIOD.	INDIA.	
	Admissions per 1,000.	Deaths per 1,000.
1870—79	36	·97
1886—91	34	·75
1890	40	1·18
1891	34	·78
1892	36	·83
1893	32	·93
1894	34	·98

Of the presidencies, Bengal had the highest admission rate. As to groups, the greatest prevalence was in the Indus valley.

The admission and death rates from pneumonia were somewhat higher than in the previous year; and, if this table be compared with that given in paragraph 8 for influenza, it will be seen that the fluctuations from 1890 onwards are similar.

Pneumonia.

PERIOD.	Admissions per 1,000.	Deaths per 1,000.
1890	4·6	·90
1891	2·6	·54
1892	3·5	·62
1893	3·4	·70
1894	3·7	·75

Pneumonia.

GROUPS.	Death-rate per 1,000.	Percentage in total deaths.
1. Burma Coast and Bay Islands	·88	5·3
2. Burma Inland	...	...
4. Bengal and Orissa	...	...
5. Gangetic Plain and Chutia Nagpur	·52	1·6
6. Upper Sub-Himalayan	1·14	7·0
7. Indus Valley and North-Western Rajputana	1·25	7·0
8. South-Eastern Rajputana, Central India, and Gujarat	...	...
9. Deccan	·30	2·6
10. Western Coast	...	...
11. Southern India	·82	9·1
12*a* Hill Stations	1·30	11·1
12*b*. Hill Convalescent Depôts	1·83	8·9
Army of Bengal	·99	5·4
Army of Madras	·37	3·9
Army of Bombay	·30	2·1
Army of India	·75	4·6

The Indus Valley always has a high ratio; the Upper Sub-Himalayan and the Hills not so constantly.

Venereal Disease.

26. Details regarding venereal disease will be found in Tables XXVIII and XXVIII*a*. The admission rate for India was 511·4 against 466·0 in the previous year. In other words, in 1894 for every 1,000 men there were 45 more admissions to hospital for venereal disease than in 1893. In 1894 there were 3,062 men constantly sick in hospital from venereal disease, equivalent to over three regiments. The average stay of a case of venereal disease in hospital was 30·77 days; and the total loss of service was about 1,117,696 days, men on field service being excluded from the calculation. There were 6 deaths and 301 invalidings directly due to venereal disease. The highest admission ratios were at Nowgong, Shahjahanpur, Dinapore, Mandalay, Belgam, Indore, Ahmedabad, and Mhow. The greatest increases of ratio were at Bhagsu, Campbellpur, Nowgong, Ramandrug, Belgam, Indore, and Neemuch. In the following stations the admission ratio from secondary syphilis was over 100 per 1,000 of strength:—Fatehgarh, Cawnpore, Shahjahanpur, Gnathong, Ranikhet, Kuldunnah, Naini Tal, Meiktila, Shwebo, Belgam, Calicut, St. Thomas's Mount, Bangalore, Ramandrug, Wellington, Poonamallee, Taragarh, Mount Abu, and Deolali; and in 24 other stations it was over 75 per 1,000.

The following table, compiled from the departmental report of the Army Medical Department, is introduced to compare the venereal ratio of India with the ratios of other British possessions:—

1893.

Venereal Disease.

England	194·6	Bermuda	43·9	Ceylon	295·2
Gibraltar	306·5	Barbadoes	402·1	China	380·5
Malta	157·5	Jamaica	190·0	Straits	356·4
Cyprus	185·5	South Africa	255·7	India	458·3*
Canada	97·1	Mauritius	159·7	Egypt	408·3

* Excluding "other venereal diseases" and men on field service, to make it comparable with the other ratios in the table.

Similar information has been obtained(23) for some of the continental armies; for 1890-91 in the case of the Prussian army, and for 1890 in the case of the others. The ratio of admissions for all venereal diseases was in the Prussian army 26·7, in the French 43·8, in the Austrian 65·4, and in the Italian 104·0, as compared with 503·5 in the army of India in 1890, and 511·4 in 1894.

The following tables have been prepared to show the admission rates of India for all venereal diseases as far back as the records permit:—

Venereal Disease in the Bengal Army.

YEARS.	Ratio per 1,000.	YEARS.	Ratio per 1,000.
1853	203·0	1863	281·7
1854	133·0	1864	254·9
1855	177·0	1865	227·2
1856	179·0	1866	217·7
1857	149·0	1867	166·6
1858	261·2	1868	199·2
1859	359·0	1869	200·3
1860	338·0	1870	202·7
1861	369·1	1871	208·8
1862	318·1		

Venereal Diseases in the Army of India.

Years.	Primary Syphilis.	Secondary Syphilis.	Total Venereal Disease.
1872	61·2	22·4	179·0
1873	53·4	20·4	166·7
1874	68·3	25·2	192·7
1875	67·1	25·1	205·1
1876	59·8	23·9	189·9
1877	65·2	22·1	208·5
1878	95·3	22·0	271·3
1879	79·2	24·5	234·8
1880	87·9	23·1	249·7
1881	92·0	23·1	260·5
1882	87·6	23·2	265·2
1883	87·2	23·5	270·3
1884	90·2	24·4	293·9
1885	122·1	28·7	342·7*
1886	157·9	33·3	389·5*
1887	142·1	29·4	361·2*
1888	142·1	32·4	370·6
1889	225·1	51·2	481·5
1890	220·7	66·3	503·5
1891	159·2	60·0	400·7
1892	161·1	57·8	409·9
1893	213·6	61·6	466·0
1894	24·81	74·6	511·4

* Including Troops on active service in Burma.

In the above tables the heading "primary syphilis" includes the syphilitic and the local sore, so that the figures under that heading are uniform for the whole period.

The figures for Bengal are given from the year 1853, and continued up to 1871, when those for the whole of India became available; so that the two tables may, as regards the admissions for the total venereal diseases, be considered as one.

In the first of the two a marked rise in the ratio of admissions is observed in the year 1858, following the arrival of young and fresh troops during the Mutiny. This increase remains persistent until 1877, when in the following year a further augmentation takes place, in connection with the full development of the short-service system.

Both tables taken together show a more or less constant rise in the ratio of admissions, beginning with 203 per 1,000 in 1853, and ending with 511 in 1894. These yearly figures go far to prove that none of the measures hitherto adopted have been of any avail in arresting the progress of the disease.

The immediate effects of venereal disease on the army of India are to render 3,062 men daily ineffective; but it is impossible to say how many of these men became affected with secondary syphilis. The returns only show the admissions into hospital; and one case may of course represent several admissions, but, on comparing the returns for a series of years with respect to the admissions for primary and secondary syphilis, it is evident that there is not that connection between the two which their designations imply.

From the year 1886 the local or non-syphilitic sore has been returned by medical officers, in accordance with the revised nomenclature, under the heading "ulcer of the penis," and the syphilitic sore under that of primary syphilis; but, even then, a great discrepancy exists between the admissions for the latter and for secondary syphilis. It must therefore be assumed that a large proportion of the admissions under "primary syphilis" are not followed by secondary symptoms.

It is only possible from the returns available to show the admission ratios for secondary syphilis for the past 23 years; and from a comparison of them with those under the heading "primary syphilis" an average percentage is obtained of 29 admissions for secondary syphilis on the primary lesion.

Allowing on the one hand for readmissions for the local sore and on the other for the greater number of readmissions for secondary affections, it may be deduced from the above average that 25 per cent. of the 17,636 admissions for primary syphilis and the local sore in 1894 were followed by constitutional syphilis: in other words, 4,408 men were thus affected.

The actual condition of the army as regards venereal disease is brought out in a more forcible manner in the following table, which was prepared by Brigade-Surgeon-Lt.-Col. Exham, A. M. S., and kindly placed at the disposal of this office by Surgeon-Major-General Gore, Principal Medical Officer, Her Majesty's Forces in India.

Statement showing the number of British Soldiers serving in India on 15th July 1894 who have had venereal disease.

Corps.	Strength on 15th July 1894.	No. of men who since arrival in India have had a *first* admission for		No. of men who since arrival in India have been admitted for			Number of men who have never had any form of venereal disease.
		Primary syphilis.	Secondary syphilis.	Gonorrhœa.	Any form of syphilis.	Other venereal diseases.	
Bengal	44,372	9,187	3,232	11,990	12,427	7,718	16,653
Madras	13,486	2,941	1,217	3,121	3,851	1,930	4,979
Bombay	12,784	2,822	972	3,572	3,614	2,039	4,615
Total	70,642	14,950	5,421	18,683	19,892	11,687	26,247

It reveals the fact that of the 70,642 British soldiers present in India on the 15th of July 1894 only 37 per cent. had never suffered from venereal disease, while 63 per cent. had at some period of their service contracted it in one form or other. Nearly 29 per cent. of the men had had a *first* admission from syphilis since their arrival in India, 21 per cent. for primary syphilis, and 8 per cent. for secondary syphilis. Again, 71 per cent. of the men had been admitted for some form of venereal disease since their arrival in India.

The number stated to have contracted primary syphilis in India amounted to 14,950; while the number of men admitted for a first outbreak of secondary syphilis was 5,421. Making every allowance for the short period in which a certain number of the primary cases were under observation not permitting the development of the secondary symptoms; and taking into consideration the certainty that a number of men affected with the secondary form of the disease contracted the primary affection in England, or elsewhere, it is evident, as previously stated, that a large proportion of the primary cases were not of a syphilitic nature.

There are no means of comparing the figures in the table with those relating to the civil adult male population in England, and any estimates on the subject must be inaccurate and misleading; but that the disease is far more prevalent than is generally believed is shown by the results of an enquiry made by Mr. Acton(24) and other surgeons regarding the patients, including women and children, attending the surgical division of the larger hospitals in London. Each patient was carefully examined and questioned, and it was found that 40 to 47 per cent. of them had suffered from one or other form of venereal disease.

The important question which remains for practical solution is that regarding the measures which ought to be taken to reduce the disease among the troops.

The figures in the previous tables demonstrate that a great reduction could be affected by a return to the conditions which existed in the army prior to 1858, and which appear to have been, as touching this question, long service, and greater facilities for marriage. Much may, however, be done by providing increased facilities for bathing with comfort and convenience in public and private baths, and by inculcating habits of personal cleanliness. The physical evils following infection by primary syphilis may be obviated, as they are in civil practice, by a prolonged treatment of the patient, which need not necessarily include a residence in hospital.

Venereal disease in the presidencies.

27. The following table compares the presidencies for a series of years with regard to venereal disease :—

Venereal Disease.

Presidency.	Admissions per mille.						
	1870—79.	1881—90.	1890.	1891.	1892.	1893.	1894.
Bengal* . . .	209	366	504	395	412	462	500
Madras . . .	198	367	491	402	415	480	517
Bombay* . . .	191	339	515	417	396	463	544
India† . . .	203	360	504	401	410	466	511

* Excluding troops in Afghanistan during 1881.
† Including troops in Afghanistan during 1881.

The next shows that in 1894, as usual, the secondary syphilis ratio of Madras was much higher than the ratios of the other presidencies :—

Secondary Syphilis.

Presidency.	Admissions per mille.					
	1881—90.	1890.	1891.	1892.	1893.	1894.
Bengal . .	33·9	60·1	57·8	55·1	54·5	66·4
Madras . .	3[illegible]·2	91·0	74·4	73·8	85·1	101·4
Bombay . .	32·6	59·9	52·3	50·3	60·7	74·5

Other venereal diseases.

28. The heading "other venereal diseases" does not appear in Tables XXVIII and XXVIII*a* for 1894. The reason is that medical officers, having been

warned by a circular from the Principal Medical Officer in India in 1893, now return *all* venereal cases under primary syphilis, secondary syphilis, ulcer of the penis, or gonorrhœa. This must be remembered in comparing the ratios of the various forms of venereal disease for 1894 with the corresponding ratios for the preceding years.

Heart disease and aneurysm.

29. The ratios of death from heart disease and aneurysm per mille of average strength in the three arms of the service in 1894 were as follows:—

Heart disease and aneurysm.

PERIOD.	Artillery.	Cavalry.	Infantry.
1881—90	·48	·45	·35
1890	·34	·39	·21
1891	·30	·15	·34
1892	·34	·39	·47
1893	·37	...	·17
1894	·40	·73	·45

Alcoholism.

30. Information with regard to the deaths from alcoholism in relation to age and service in India will be found in Statements II, III, and VI of the appendix to this section. There were 3 deaths, giving a ratio of 0·04 per mille of strength, against 15 and 0·21 in 1893. The yearly average number of deaths in the decennium 1881-90 was 10, so that 1894 was below the normal.

Suicide.

31. In Statements II and III of the appendix to this section will be found information with regard to suicide in relation to age and Indian service. In the ten years 1881—1890 there were 269 suicides, or an average of about 27 per annum. There were 18 in 1894, of which 10 were by gunshot, 4 by cut-throat, 3 by hanging, and 1 by lying down in front of an express train. The distribution of suicides by season per cent. was as follows:—

PERIOD.	January to March.	April to June.	July to September.	October to December.	Total.	Total cases.
1881—90	20	26	26	28	100	269
1890	20	20	15	45	100	20
1891	20	33	13	33	100	15
1892	24	16	28	32	100	25
1893	32	9	32	27	100	22
1894	33	6	28	33	100	18

Invaliding.

32. In the whole army of India 1,808 men were invalided, or 25·43 per mille of strength, against 1,769 and 25·25 in the preceding year. The ratio for the

decennium 1881-90 was 27·35. The proportion of invalids to strength was lowest in Bengal, highest in Madras. See table XXX.

33. Thirty-nine per cent. of the total number invalided were discharged as unfit for further service. The proportion was highest in Bengal, and lowest in Bombay, where it was very unusually low,—only 24 per cent.

	Proportion discharged.				
	1890.	1891.	1892.	1893.	1894.
Army of India	35	34	40	39	39

Diseases causing invaliding.

34. Details regarding the causes of invaliding will be found in Table XXX, but the following shows the diseases which caused invaliding of not less than 1 per mille of strength :—

India.

Diseases.	Invaliding rates.
Syphilis and Gonorrhœa	4·21
Malarial fevers	2·80
Debility	2·46
Circulatory diseases	2·36
Mental diseases	1·55
Tubercle of the lungs	1·38
Injuries	1·15
Rheumatism	1·03

Syphilis and gonorrhœa have usually headed the list only in the Madras presidency, but in 1894, for the first time, they head the list for Bengal also, as well as for India.

Invaliding from mental affections.

35. There was an increase in the ratio of invaliding from mental disease. There were 42 cases of melancholia, 36 of dementia, and 25 of mania. See Table XXX.

Mental diseases.

Years.	Invaliding rates.
1881—90	1·29
1890	1·36
1891	1·27
1892	1·30
1893	1·10
1894	1·55

Invaliding according to age and Indian service.

36. In Statements I and VIII of the appendix to this section are to be found the general statistics concerning the influence of age and length of Indian service upon invaliding; and in Statements IV, V, and VII is displayed the influence of the same upon invaliding from certain diseases.

The percentage of men who were invalided while under 25 years of age to the whole number invalided was 60·12, against 57·43. The percentage of men under 25 in the strength of the army was 54, against 53.

Of the total number of men invalided 37 per cent. were of less than 2 years' service, and 82 per cent. were of less than 5 years' service. With this is to be considered the fact that 81 per cent. of all the men in the strength of the army were of less than 5 years' service.

The percentage to total invaliding of invaliding in the first four years of Indian service was 48 in the period 1871-75, 68 in the period 1881-85, 68 in the period 1886-90, 68 in 1893, and 70 in 1894; while the percentage of men invalided in the first four years of service who were under 30 years of age has risen from 73 in 1871-75 to 97 in 1894. Of the men invalided under four years of Indian service in 1894, 78 per cent. were also under 25 years of age.

Effects on regiments of a tour of Indian Service.

37. The following table shows the result of a tour of service in India upon the strength of the corps enumerated. Out of 867 men who came to India 14 years before in the 1st Rifle Brigade only 6 returned with the regiment. Of the 861 to be accounted for 190 were lost to the regiment by death and invaliding, about 219 per mille of the original strength. The history of the other corps may be read in the same way.

REGIMENTS AND BATTERIES.	Years in India.	STRENGTH.						Loss per 1,000 of strength.	LOSS PER 1,000 FROM THE DIFFERENT CAUSES.		
		Present on arrival in India.	Embarked for England.	To be accounted for.	Death.	Invaliding.	Other causes		Death.	Invaliding.	Other causes.
14 Company, Eastern Division, R. A.	14	86	...	86	7	13	66	1000·00	81·40	151·16	767·44
15 Company ,, ,,	13	52	...	52	4	4	44	1000·00	76·92	76·92	846·15
21 ,, ,, ,,	13	43	...	43	4	7	32	1000·00	93·02	162·79	744·19
22 ,, ,, ,,	13	47	...	47	1	4	42	1000·00	21·28	85·11	893·62
20 Company, Southern Division, R.A.	15	87	1	86	7	14	65	988·51	80·46	160·92	747·13
2 Company, Western Division, R. A.	15	87	1	86	11	12	63	988·51	126·44	137·93	724·14
6 Company, ,, ,, ,,	15	91	1	90	4	11	75	989·01	43·96	120·88	824·18
12 ,, ,, ,, ,,	15	94	...	94	4	14	76	1000·00	42·55	148·94	808·51
13 ,, ,, ,, ,,	15	86	2	84	3	25	56	976·74	34·88	290·70	651·16
2nd Dragoon Guards	9	594	54	540	44	75	421	909·09	74·07	126·26	708·75
2nd Gloucestershire Regiment	14	859	6	853	44	165	644	993·02	51·22	192·08	749·71
1st Rifle Brigade	14	867	6	861	47	143	671	993·08	54·21	164·94	773·93
2nd Scottish Rifles	15	717	7	710	41	54	615	990·24	57·18	75·31	857·74

NOTE.—The 1st Leinstershire Regiment and the 2nd Northumberland Fusiliers have failed to furnish the necessary information for this statement.

Troops in the Hills.

38. The following table is derived from the Quarter-Master-General's Department.

*Statement showing the number of European Troops, etc., located in the Hills on 1st June 1894.**

NAME OF ACCOMMODATION.	Men.	Women.	Children.
Hill Depôts	3,369	293	603
Regular Hill Stations	5,520	240	456
Temporary Locations	7,659	210	375
Mussoorie Summer Home	...	...	77
TOTAL	16,548	743	1,511
PERCENTAGE TO TOTAL STRENGTH	22·98†	28·26†	32·53†

* Excluding Gnathong, Quetta, and Bernardmyo.

† Excluding 46 men, 60 women, and 137 children, of the Unattached List.

Proportion of married men.

39. The return from which it was taken having been abolished, the statement which usually has appeared here regarding the proportion of married and unmarried men can no longer be given.

Statistics of women.

40. Sickness among women was much, and mortality slightly, increased. That the sick rates were unusually high may be seen from the following table :—

Women.

PERIOD.	Average annual strength.	Admission-rate per 1,000.	Constantly sick rate per 1,000.	Death-rate per 1,000.
1881—90	3,352	837·5	30·6	18·86
1882—91	3,291	812·1	29·8	17·59
1890	3,130	789·5	29·4	15·02
1891	3,137	748·8	27·1	14·03
1892	3,101	904·2	35·8	19·03
1893	3,135	790·1	33·2	14·04
1894	3,157	926·8	41·1	14·57

The chief causes of admission were debility, ague, and the diseases peculiar to women. Among the diseases which caused increased admission were influenza, cholera, nervous affections, rheumatism, and malarial fevers. The increase of cholera was confined to Bengal, and that of influenza to Bengal and Madras. The admission and constantly sick rates of Madras were much increased as compared with those of the previous year; and Madras had greatly increased sickness from influenza, malarial fevers, nervous affections, respiratory diseases, diarrhœa and rheumatism. The constantly sick rate of Madras was much higher than that of the other presidencies.

The chief causes of death were tubercle of the lungs, puerperal affections, and remittent fever. The chief increase of mortality was in tubercle of the lungs, remittent fever and cholera; of the first in all three presidencies, of the second in Bengal and Madras, of the third in Bengal only. The death-rates of Madras and Bombay were both higher than in the previous year, and the highest rate of 1894 was that of Bombay.

Statistics of Children.

41. That sickness and mortality were high among children in 1894 is seen in the following table :—

Children.

PERIOD.	Average annual strength.	Admission-rate per 1,000.	Constantly sick rate per 1,000.	Death-rate per 1,000.
1881—90	6,286	633·5	23·4	50·22
1882—91	6,220	609·4	22·2	50·63
1890	5,912	564·3	20·3	47·02
1891	5,886	509·0	19·2	49·27
1892	5,762	564·6	22·0	48·59
1893	5,662	554·9	24·2	39·03
1894	5,680	732·2	32·6	44·89

The chief causes of admission were ague, respiratory diseases, eye diseases, and debility. The greatest increase in admission was in influenza, measles, ague, eye diseases, respiratory diseases, teething, and entozoa. The increase of influenza, measles, entozoa, and eye diseases occurred in Bengal and Madras; that of ague in Madras and Bombay; that of respiratory diseases and teething in all three presidencies. The admission and constantly sick rates of Madras, besides being much higher than in the preceding year, were also much higher than those of the other presidencies. The following compares the presidencies in respect of sickness from some of the more common diseases of childhood:—

	Measles.	Whooping Cough.	Croup and Diphtheria.	Tuberculous diseases.	Convulsions.	Respiratory diseases.	Teething.	Diarrhœa.
India . .	48·1	7·7	1·4	2·6	9·3	107·2	43·5	42·1
Bengal .	64·6	5·2	1·3	3·9	7·5	81·3	33·0	56·2
Madras . .	23·5	15·7	2·1	2·1	9·3	220·6	67·6	17·8
Bombay .	34·7	5·0	·8	...	14·0	41·3	42·1	34·7

The chief causes of death were convulsions, debility, diarrhœa, respiratory diseases, and teething. The greatest increase of mortality was in measles, respiratory diseases, teething, and diarrhœa. The increase from measles occurred in all three presidencies, but was least in Bengal. The greatest increase of mortality from all causes was in Bombay, but the highest ratio was in Bengal. The following compares the presidencies in respect of mortality from the same diseases as in the foregoing table:—

	Measles.	Whooping Cough.	Croup and diphtheria.	Tuberculous diseases.	Convulsions.	Respiratory diseases.	Teething.	Diarrhœa.
India . .	1·41	·18	·35	1·23	6·34	5·81	4·05	5·81
Bengal .	·33	·33	·65	2·28	5·22	7·19	4·24	8·49
Madras .	2·85	...	...	...	4·27	6·41	3·56	...
Bombay .	2·48	...	...	...	11·55	1·65	4·13	5·78

There were 8 deaths from measles in India against none in the previous year. Six nonfatal cases of scarlet fever were returned, of which 4 occurred at Peshawar. There were no deaths from cholera or smallpox. Throughout India there were 5 deaths, against 7 in the preceding year, from tubercle of the intestine and mesenteric glands. The number of deaths due to enteric fever was the same as in 1893, namely 4. The stations where they occurred were Fyzabad, Agra, Dagshai, and Bangalore.

An analysis of the mortality among children by ages is given in the two following tables. The largest proportion of deaths occurred, as usual, among infants under 6 months of age; but the proportion was less than in 1893. The ratio of liability to death under 6 months was higher than the standard of 1886-90. The chief causes of death under 6 months of age were debility (including immaturity at birth), diarrhœa, convulsions and respiratory diseases. Still-births are excluded.

Ratios of mortality at the different ages of the children of the army of India on the strength of 1st July 1894.

AGES ON 1ST JULY 1894.	Strength.	Deaths.	Ratio per 1,000.	Ratio per 1,000 (excluding cholera).*	RATIO OF LIABILITY TO DEATH (EXCLUDING CHOLERA) AT THE DIFFERENT AGES. STANDARD = 100.	
					1894.	1886—90.
Under 6 months	391	98	250·64	...	42·09	40·51
Between 6 months and 12 months	421	60	142·52	...	23·94	22·00
" 12 " " 18 "	397	46	115·87	...	19·46	18·04
" 18 " " 2 years.	401	7	17·46	...	2·93	6·29
" 2 years " 3 "	624	14	22·44	...	3·77	4·04
" 3 " " 4 "	586	9	15·36	...	2·58	2·23
" 4 " " 5 "	526	3	5·70	...	·96	2·95
" 5 " " 6 "	434	6	13·82	...	2·32	1·79
" 6 " " 7 "	427	3	7·03	...	1·18	1·21
" 7 " " 8 "	332	1	4·58	...	·77	·94
" 8 " " 9 "	265	3		...		
" 9 " " 10 "	228	2		...		
" 10 " " 11 "	198	1		...		
" 11 " " 12 "	160	...		...		
" 12 " " 13 "	110	...		...		
" 13 " " 14 "	82	...		...		
" 14 " " 15 "	82	...		...		
" 15 " " upwards	73	...		...		
TOTAL	5,737	253 †	44·10†	...	100·00	100·00
	5,769	255	44·20	...	...	...

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* There were no deaths from cholera among children in 1894.

† Excluding the 2 deaths at Deolali owing to its strength not having been given by details.

Deaths of the children of the Army of India, 1894, distributed by age, and the causes of mortality.

Ages of the children who died.	Cholera.	Smallpox.	Measles.	Whooping-cough.	Diphtheria and Croup.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple continued Fever.	Other Fevers.	Heatstroke.	Tubercle of meninges and brain.	Tubercle of the lungs.	Tubercle of abdominal organs.	Convulsions.	Pneumonia.	Other Respiratory diseases.	Teething.	Dysentery.	Diarrhœa.	Anæmia, Debility and Immaturity at birth.	All other causes.	Total deaths.	Died per 1,000 of strength.
Under a month . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	...	4	...	...	2	¶19	2	34	194·58
1 month and under 2 months	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	3	3	4	13	
2 ,, ,, 3 ,,	...	...	...	1	...	...	...	...	...	...	...	...	...	1	1	...	1	...	...	4	1	3	12	
3 ,, ,, 4 ,,	...	...	2	...	...	...	...	1	...	...	...	...	...	...	4	...	1	...	1	3	3	2	17	
4 ,, ,, 5 ,,	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	4	3	3	14	
5 ,, ,, 6 ,,	...	...	...	...	...	...	...	1	...	...	...	...	...	1	4	...	...	...	...	3	...	...	9	
6 ,, ,, 7 ,,	...	...	...	...	...	...	...	1	1	...	1	...	...	...	2	...	2	3	...	3	1	5	19	
7 ,, ,, 8 ,,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	1	1	3	8	
8 ,, ,, 9 ,,	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	...	2	‡6	...	1	...	3	15	
9 ,, ,, 10 ,,	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	1	1	...	...	...	...	3	8	
10 ,, ,, 11 ,,	...	...	...	...	*1	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	...	...	4	
11 ,, ,, 12 ,,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	3	...	...	...	1	6	
12 ,, ,, 13 ,,	...	...	1	...	...	...	...	...	...	...	...	...	...	1	2	1	2	§5	2	5	1	2	22	66·42
13 ,, ,, 14 ,,	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	‖3	1	1	...	2	10	
14 ,, ,, 15 ,,	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...	...	‖1	...	...	...	1	5	
15 ,, ,, 16 ,,	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	...	...	4	
16 ,, ,, 17 ,,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	1	3	
17 ,, ,, 18 ,,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	2	
18 ,, ,, 19 ,,	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1	...	...	...	...	...	3	
19 ,, ,, 20 ,,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	
20 ,, ,, 21 ,,	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	
21 ,, ,, 22 ,,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
22 ,, ,, 23 ,,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	
23 ,, ,, 24 ,,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Between 2 years and 3 years	...	...	2	...	...	...	...	...	...	...	...	2	...	...	2	2	1	...	...	1	2	* 2	14	22·44
,, 3 ,, 4 ,,	...	...	...	...	...	2	...	2	...	...	...	...	...	...	...	...	1	...	...	...	...	††4	9	15·36
,, 4 ,, 5 ,,	...	...	...	...	...	...	†1	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	3	5·70
,, 5 ,, 6 ,,	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	§§4	6	13·82
,, 6 ,, 7 ,,	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	3	7·03
,, 7 ,, 8 ,,	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3·01
,, 8 ,, 9 ,,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	3	11·32
,, 9 ,, 10 ,,	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	8·77
,, 10 ,, 11 ,,	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	5·05
,, 11 ,, 12 ,,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, 12 ,, 13 ,,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, 13 ,, 14 ,,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, 14 ,, 15 ,,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
15 and upwards .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL .	...	...	8	1	2	4	5	8	2	...	2	2	...	5	36	7	26	23	7	33	35	49	255	44·20

* One croup.
† Malarial cachexia.
‡ Two with convulsions.
§ One with convulsions.
‖ One with diarrhœa.
¶ Sixteen immaturity at birth.
** One quinsy.
†† One sloughing sorethroat.
§§ One influenza.
¶¶ Excluding one death at Deolali owing to the strength not having been given in detail.

Deaths of officers.

42. There were 6,467 officers on the strength of the army on 1st July including those absent on leave out of, as well as those present in, India. The death rate of officers of the British service was 10·80 per mille, and that of the Indian service 9·64. Enteric fever caused more deaths among the former than among the latter, apparently because Indian officers have to serve first with British regiments, and it is known that youthful and newly arrived men are more liable to take the disease than others.

Statement showing the number and causes of deaths among the officers of Her Majesty's British and Indian armies in the three presidencies during the year 1894.

ARMIES.		Year.	Strength in India, whether on leave or not, on the 1st of July.	Deaths during the year.	IN INDIA.																														Total.	Strength in Europe or beyond sea on 1st July 1894, whether on furlough or sick leave.	Deaths reported from England of officers whose corps are serving in India.	Died at sea.
					Causes of Death.																																	
					Smallpox.	Enteric fever.	Cholera.	Dysentery.	Fever, not defined.	Tubercle of the lungs.	Meningitis.	Valvular disease of the heart.	Dilatation of the heart.	Syncope.	Embolism of arteries.	Pneumonia.	Cirrhosis of the lung.	Obstruction of the intestines.	Abscess of the liver.	Peritonitis.	Bright's disease.	Dislocation of the spine.	Heat apoplexy.	Asphyxia from submersion.	Accident, Polo.	Accident, Revolver.	Mauled by tigress.	Fracture of the base of the skull.	Suicide by gunshot.	Suicide, not defined.	Murdered.	Wound in action.	Killed in action.	Causes unknown.				
Bengal	British	1894.	1,605	23	...	8	1	1	...	...	...	...	...	...	1	...	...	1	3	...	1	1	1	...	1	...	...	...	1	...	...	...	1	...	21	363	1	1
	Indian		1,353	10	...	2	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	7	496	3	...
Madras	British		518	7	...	...	...	...	1	...	1	...	1	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	6	126	...	1
	Indian		613	12	1	2	1	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	1	...	...	...	...	...	2	...	...	...	...	9	162	3	...
Bombay	British		442	4	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	93	...	2
	Indian		550	10	...	...	1	...	...	1	1	...	...	1	...	...	...	...	...	1	...	...	...	...	...	1	1	...	...	...	...	...	...	...	7	146	3	...
India	British		2,565	34	...	8	1	1	1	...	1	1	1	...	1	1	1	1	3	...	1	1	1	...	1	...	...	1	1	...	...	...	1	1	29	582	1	4
	Indian		2,516	32	1	4	2	...	...	1	1	1	...	1	...	...	...	...	2	1	...	...	...	1	...	1	1	...	...	2	1	1	...	2	23	804	9	...

APPENDIX TO SECTION II.

ARMY OF INDIA,* 1894.

STATEMENT NO. I.—*Distribution of the Strength, Deaths, and Invaliding of the European Army of the three presidencies by Age and Length of Residence in India.*

BY AGE.

AVERAGE STRENGTH AT THE DIFFERENT AGES.

AGES.	ARMIES.				Per cent. of total.	Average of 1886-90.
	Bengal.	Madras.	Bombay.	India.		
Below 20 . .	1,111	338	475	1,924	54	51
20 to 24 . .	22,044	7,598	6,257	35,899		
25 to 29 . .	16,149	4,176	4,292	24,617	35	34
30 to 34 . .	3,540	889	1,045	5,474	8	10
35 to 39 . .	983	312	353	1,648	3	5
40 and upwards.	236	94	79	409		
TOTAL .	44,063	13,407	12,501	69,971	100	100
NOT CLASSED .	97	...	915	1,012	...	...
GRAND TOTAL	44,160	13,407	13,416	70,983	...	...

MORTALITY OF THE YEAR AT THE DIFFERENT AGES.

(Excluding cholera and deaths from violence.)

AGES.	ARMIES.				Died per 1,000.	Comparative ratio of liability.
	Bengal.	Madras.	Bombay.	India.		
Below 20 . .	9	1	5	15	7·80	13·18
20 to 24 . .	392	52	90	534	14·88	25·14
25 to 29 . .	168	35	35	238	9·67	16·34
30 to 34 . .	39	14	22	75	13·70	23·15
35 to 39 . .	10	3	5	18	13·13	22·19
40 and upwards.	4	3	2	9		
TOTAL .	622	108	159	889	...	100

INVALIDING OF THE YEAR AT THE DIFFERENT AGES.

AGES.	ARMIES.				Invalided per 1,000.	Invalided per cent. of the total.
	Bengal.	Madras.	Bombay.	India.		
Below 20 . .	17	9	7	33	28·58	60·12
20 to 24 . .	648	220	180	1,048		
25 to 29 . .	295	128	110	533	21·65	29·64
30 to 34 . .	65	18	41	124	22·65	6·90
35 to 39 . .	26	9	16	51	29·17	3·34
40 and upwards	5	3	1	9		
TOTAL .	1,056	387	355	1,798	...	100

BY LENGTH OF RESIDENCE.

AVERAGE STRENGTH AT THE DIFFERENT PERIODS OF RESIDENCE IN INDIA.

LENGTH OF RESIDENCE.	ARMIES.				Per cent. of total.	Result of 1893.
	Bengal.	Madras.	Bombay.	India.		
Under 1 year .	6,469	2,409	1,996	10,874	34 81	36 79
1 and less than 2	7,331	3,282	2,204	12,817		
2 ,, ,, ,, 3	8,827	2,704	2,088	13,619	47	42
3 ,, ,, ,, 4	7,015	1,806	1,702	10,523		
4 ,, ,, ,, 5	6,100	1,177	1,313	8,590		
5 ,, ,, ,, 10	7,134	1,640	2,719	11,493	16	18
10 ,, ,, ,, 15	872	258	363	1,493	2	2
15 ,, ,, ,, 20	224	80	112	416	1	1
20 and upwards	91	51	48	190		
TOTAL .	44,063	13,407	12,545	70,015	100	100
NOT CLASSED .	97	...	871	968	...	...
GRAND TOTAL	44,160	13,407	13,416	70,983	...	...

MORTALITY OF THE YEAR AT THE DIFFERENT PERIODS OF RESIDENCE.

(Excluding cholera and deaths from violence.)

LENGTH OF RESIDENCE.	ARMIES.				Died per 1,000.	Comparative ratio of liability.
	Bengal.	Madras.	Bombay.	India.		
Under 1 year .	179	26	49	254	17·39	29·62
1 and less than 2	114	22	22	158		
2 ,, ,, ,, 3	103	20	22	145	10·39	17·69
3 ,, ,, ,, 4	84	10	23	117		
4 ,, ,, ,, 5	56	8	14	78		
5 ,, ,, ,, 10	72	19	24	115	10·01	17·05
10 ,, ,, ,, 15	8	2	4	14	9·38	15·97
15 ,, ,, ,, 20	4	...	1	5	11·55	19·67
20 and upwards	1	1	...	2		
TOTAL .	621†	108	159	888†	...	100

INVALIDING OF THE YEAR AT THE DIFFERENT PERIODS OF RESIDENCE.

LENGTH OF RESIDENCE.	ARMIES.				Invalided per 1,000.	Invalided per cent. of the total.
	Bengal.	Madras.	Bombay.	India.		
Under 2 years	421	130	122	673	28·41	37·43
,, 5 ,, .	473	198	127	798	24·38	44·38
,, 10 ,, .	146	51	91	288	25·06	16·02
,, 15 ,, .	8	6	10	24	16·08	1·33
15 and upwards	8	2	5	15	24·75	·83
TOTAL .	1,056	387	355	1,798	...	100

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* Excluding Waziristan Field Force.

† Excluding one death for which period of Indian service was not given.

NOTE.—Seven deaths and ten invalids at Deolali have been excluded, because the strengths were not received according to age and length of Indian service.

STATEMENT NO. II.—*Distribution by Age of the Average Strength of the European Army of India, 1894.*

ARMY AS A BODY.	Under 20.	20 to 24.	25 to 29.	30 to 34.	35 to 39.	40 and upwards.	Not classed.
	1,924	35,899			1,648	409	
70,983	37,823		24,617	5,474	2,057		1,012

Deaths of 1894, and the Death-rates at the different ages.

CAUSES OF DEATH.	NUMBER OF DEATHS.						DIED PER 1,000 OF THE STRENGTH.				RATIO OF LIABILITY IN PERCENTAGES.				
	Under 20.	20 to 24.	25 to 29.	30 to 34.	35 to 39.	40 and upwards.	24 and under.	25 to 29.	30 to 34.	35 and upwards.	24 and under.	25 to 29.	30 to 34.	35 and upwards.	TOTAL 100.
Enteric fever	10	312	72	13	...	...	8·51	2·92	2·37	...	61·67	21·16	17·17	...	100
Cholera	3	105	36	2	2	1	...	...	...	...	...	...	...	...	......
Dysentery	...	21	18	3	...	1	·56	·73	·55	·49	24·03	31·33	23·61	21·03	100
Malarial fevers	...	18	12	8	1	...	·48	·49	1·46	·49	16·44	16·78	150·00	16·78	100
Alcoholism	...	1	1	...	1	...	·03	·04	...	·49	5·36	7·14	...	87·50	100
Tubercle of the lungs	...	15	9	5	...	...	·40	·37	·91	...	23·81	22·02	54·17	...	100
Nervous diseases	...	7	12	3	...	...	·19	·49	·55	...	15·45	39·84	44·72	...	100
Circulatory diseases	...	7	14	7	3	1	·19	·57	1·28	1·94	4·77	14·32	32·16	48·74	100
Pneumonia	1	28	20	1	2	1	·77	·81	·18	1·46	23·91	25·16	5·59	45·34	100
Abscess of the liver	...	41	26	12	5	3	1·08	1·06	2·19	3·89	13·14	12·90	26·64	47·32	100
Heatstroke	...	32	14	8	1	...	·85	·57	1·46	·49	25·22	16·91	43·32	14·54	100
All other diseases	4	52	40	15	5	3	1·48	1·62	2·74	3·89	15·21	16·65	28·16	39·98	100
All diseases	18	639	274	77	20	10	17·37	11·13	14·07	14·58	30·39	19·48	24·62	25·51	100
All diseases, excluding cholera	15	534	238	75	18	9	14·51	9·67	13·70	13·13	28·45	18·96	26·86	25·74	100
Suicide	...	9	6	2	1	...	·24	·24	·37	·49	17·91	17·91	27·61	36·57	100
Injuries	...	42	26	7	4	...	1·11	1·06	1·28	1·94	20·59	19·67	23·75	35·99	100
All causes excluding cholera	15	585	270	84	23	9	15·86	10·97	15·35	15·56	27·47	19·00	26·58	26.95	100

STATEMENT No. III.—*Distribution by Length of Residence in India of the Average Strength of the European Army of India, 1894.*

ARMY AS A BODY.	First and second years.	Third to fifth year.	Sixth to tenth year.	Eleventh to fifteenth year.	Fifteen years and upwards.	Not classed.
70,983	23,691	32,732	11,493	1,493	606	968

Deaths of 1894, and the Death-rates at the different Periods of Residence.

CAUSES OF DEATH.	NUMBER OF DEATHS.					DIED PER 1,000 OF THE STRENGTH.					RATIO OF LIABILITY IN PERCENTAGES.					
	First and second years.	Third to fifth year.	Sixth to tenth year.	Eleventh to fifteenth year.	Fifteen years and upwards.	First and second years.	Third to fifth year.	Sixth to tenth year.	Eleventh to fifteenth year.	Fifteen years and upwards.	First and second years.	Third to fifth year.	Sixth to tenth year.	Eleventh to fifteenth year.	Fifteen years and upwards.	Total 100.
Enteric fever	268	113	25	1	...	11·31	3·45	2·18	·67	...	64·22	19·59	12·38	3·80	...	100
Cholera	63	63	20	1	2	...	...	...	...	...	...	...	...	...	...	...
Dysentery	18	17	6	1	1	·76	·52	·52	·67	1·65	18·45	12·62	12·62	16·26	40·05	100
Malarial fevers	13	20	4	2	...	·55	·61	·35	1·34	...	19·30	21·40	12·28	47·02	...	100
Alcoholism	1	...	1	1	...	·04	...	·09	·67	...	5·00	...	11·25	83·75	...	100
Tubercle of the lungs	8	13	6	2	...	·34	·40	·52	1·34	...	13·08	15·38	20·00	51·54	...	100
Nervous diseases	4	11	7	...	...	·17	·34	·61	...	...	15·18	30·36	54·46	...	...	100
Circulatory diseases	6	11	11	...	3	·25	·34	·96	...	4·95	3·85	5·23	14·77	...	76·15	100
Pneumonia	14	28	10	1	...	·59	·86	·87	·67	...	19·73	28·76	29·10	22·41	...	100
Abscess of the liver	27	38	19	1	2	1·14	1·16	1·65	·67	3·30	14·39	14·65	20·83	8·46	41·67	100
Heatstroke	25	24	5	1	...	1·06	·73	·44	·67	...	36·55	25·17	15·17	23·10	...	100
All other diseases	28	65	21	4	1	1·18	1·99	1·83	2·68	1·65	12·65	21·33	19·61	28·72	17·68	100
All diseases	475	403	135	15	9	20·25	12·31	11·75	10·05	14·85	29·05	17·84	17·03	14·56	21·52	100
All diseases, excluding cholera	412	340	115	14	7	17·39	10·39	10·01	9·38	11·55	29·62	17·69	17·05	15·97	19·67	100
Suicide	9	7	2	...	...	·38	·21	·17	...	...	50·00	27·63	22·37	...	...	100
Injuries	22	35	18	3	...	·93	1·07	1·57	2·01	...	16·67	19·18	28·14	36·02	...	100
All causes, excluding cholera	443	382	135	17	7	18·70	11·67	11·75	11·39	11·55	28·74	17·94	18·06	17·51	17·75	100

NOTE.—One death from circulatory disease and one from injury have been excluded, for which periods of Indian service have not been received.

STATEMENT NO. IV.—*Distribution by Age of the Average Strength of the European Army of India, 1894.*

ARMY AS A BODY.	Under 20.	20 to 24.	25 to 29.	30 to 34.	35 to 39.	40 and upwards.	Not classed.
70,983	1,924	35,899			1,648	409	
	37,823		24,617	5,474	2,057		1,012

Invaliding of 1894, and the Invaliding rates of the different ages.

CAUSES OF INVALIDING.	NUMBER INVALIDED.						INVALIDED PER 1,000 OF THE STRENGTH.				RATIO OF LIABILITY IN PERCENTAGES.				
	Under 20.	20 to 24.	25 to 29.	30 to 34.	35 to 39.	40 and upwards.	24 and under.	25 to 29.	30 to 34.	35 and upwards.	24 and under.	25 to 29.	30 to 34.	35 and upwards.	TOTAL 100.
Dysentery	3	29	21	4	5	...	·85	·85	·73	2·43	17·49	17·49	15·02	50·00	100
Malarial fevers	4	114	58	12	8	1	3·12	2·36	2·19	4·38	25·89	19·59	18·17	36·35	100
Venereal diseases	2	177	95	18	5	...	4·73	3·86	3·29	2·43	33·05	26·97	22·99	16·98	100
Debility	9	86	46	21	9	4	2·51	1·87	3·84	6·32	17·26	12·86	26·41	43·47	100
Rheumatism	1	32	33	4	3	...	·87	1·34	·73	1·46	19·77	30·45	16·59	33·18	100
Tubercle of the lungs	...	54	32	9	1	...	1·43	1·30	1·64	·49	29·42	26·75	33·74	10·08	100
Mental diseases	..	61	48	1	...	...	1·61	1·95	·18	...	43·05	52·14	4·81	...	100
Epilepsy	1	17	3	1	...	...	·48	·12	·18	...	61·54	15·38	23·08	...	100
Other nervous diseases	2	22	8	4	1	2	·63	·32	·73	1·46	20·06	10·19	23·25	46·50	100
Eye, ear, and nose diseases	...	70	18	3	2	...	1·85	·73	·55	·97	45·12	17·80	13·41	23·66	100
Palpitation	2	47	6	3	...	...	1·30	·24	·55	...	62·20	11·48	26·32	...	100
Valvular disease of the heart	...	52	18	3	1	...	1·37	·73	·55	·49	43·63	23·25	17·52	15·61	100
Other circulatory diseases	1	23	6	4	2	...	·63	·24	·73	·97	24·51	9·34	28·40	37·74	100
Respiratory diseases	1	22	8	2	...	...	·61	·32	·37	...	46·92	24·62	28·46	...	100
Hepatitis	...	34	26	13	4	...	·90	1·06	2·37	1·94	14·35	16·91	37·80	30·94	100
Locomotive diseases	...	35	11	1	1	1	·93	·45	·18	·97	36·76	17·79	7·11	38·34	100
Injuries	...	46	27	7	2	...	1·22	1·10	1·28	·97	26·70	24·07	28·01	21·23	100
All other causes	7	127	69	14	7	1	3·54	2·80	2·56	3·89	27·68	21·89	20·02	30·41	100
ALL CAUSES	33	1,048	533	124	51	9	28·58	21·65	22·65	29·17	28·01	21·22	22·20	28·59	100

STATEMENT NO. V.—*Distribution by Length of Residence of the Average Strength of the European Army of India, 1894.*

ARMY AS A BODY.	First and second years.	Third to fifth year.	Sixth to tenth year.	Eleventh to fifteenth year.	Fifteen years and upwards.	Not classed.
70,983	23,691	32,732	11,493	1,493	606	968

Invaliding of 1894, and the Invaliding rates at the different Periods of Residence.

CAUSES OF INVALIDING.	NUMBER INVALIDED.					INVALIDED PER 1,000 OF THE STRENGTH.					RATIO OF LIABILITY IN RERCENTAGES.					
	First and second years.	Third to fifth year.	Sixth to tenth year.	Eleventh to fifteenth year.	Fifteen years and upwards.	First and second years.	Third to fifth year.	Sixth to tenth year.	Eleventh to fifteenth year.	Fifteen years and upwards.	First and second years.	Third to fifth year.	Sixth to tenth year.	Eleventh to fifteenth year.	Fifteen years and upwards.	Total 100.
Dysentery	17	34	10	...	1	·72	1·04	·87	...	1·65	16·82	24·30	20·33	...	38·55	100
Malarial fevers . . .	55	95	38	6	3	2·32	2·90	3·31	4·02	4·95	13·26	16·57	18·91	22·97	28·29	100
Venereal diseases . .	94	148	49	4	2	3·97	4·52	4·26	2·68	3·30	21·20	24·13	22·74	14·31	17·62	100
Debility	58	81	28	4	4	2·45	2·47	2·44	2·68	6·60	14·72	14·84	14·66	16·11	39·66	100
Rheumatism . . .	23	35	14	1	...	·97	1·07	1·22	·67	...	24·68	27·23	31·04	17·05	...	100
Tubercle of the lungs . .	26	44	26	...	...	1·10	1·34	2·26	...	...	23·40	28·51	48·09	...	...	100
Mental diseases . . .	54	41	15	...	...	2·28	1·25	1·31	...	...	47·11	25·83	27·07	...	...	100
Epilepsy	13	7	2	...	...	·55	·21	·17	...	...	59·14	22·58	18·28	...	...	100
Other nervous diseases .	14	16	6	1	2	·59	·49	·52	·67	3·30	10·59	8·80	9·34	12·03	59·25	100
Eye, ear, and nose diseases .	50	34	8	1	...	2·11	1·04	·70	·67	...	46·68	23·01	15·49	14·82	...	100
Palpitation	36	20	2	...	...	1·52	·61	·17	...	...	66·09	26·52	7·39	...	...	100
Valvular disease of the heart .	43	21	9	1	...	1·82	·64	·78	·67	...	46·55	16·37	19·95	17·14	...	100
Other circulatory diseases .	14	18	4	...	...	·59	·55	·35	...	...	39·60	36·91	23·49	...	...	100
Respiratory diseases . .	15	12	6	...	...	·63	·37	·52	...	...	41·45	24·34	34·21	...	...	100
Hepatitis	21	34	19	2	1	·89	1·04	1·65	1·34	1·65	13·55	15·83	25·11	20·40	25·11	100
Locomotive diseases . .	25	20	4	...	...	1·06	·61	·35	...	...	52·48	30·20	17·33	...	...	100
Injuries	31	37	13	1	...	1·31	1·13	1·13	·67	...	30·90	26·65	26·65	15·80	...	100
All other causes . . .	84	101	35	3	2	3·55	3·09	3·05	2·01	3·30	23·67	20·60	20·33	13·40	22·00	100
ALL CAUSES .	673	798	288	24	15	28·41	24·38	25·06	16·08	24·75	23·94	20·54	21·12	13·55	20·85	100

STATEMENT No. VI.—*Proportion of Deaths from the chief Diseases in relation to Age and Length of Service in the European Army of India, 1894.*

(Cholera and Deaths from violence excluded.)

COMPOSITION OF 100 DEATHS AT THE DIFFERENT AGES.

CAUSES OF DEATH.	AGES.			
	24 and under.	25 to 29.	30 to 34.	35 and upwards.
Enteric fever	59	30	17	...
Dysentery	4	8	4	4
Malarial fevers	3	5	11	4
Alcoholism	...	...	...	4
Tubercle of the lungs	3	4	7	...
Nervous diseases	1	5	4	...
Circulatory diseases	1	6	9	15
Pneumonia	5	8	1	11
Abscess of the liver	7	11	16	30
Heatstroke	6	6	11	4
All other diseases	7	17	20	30
TOTAL	100	100	100	100

COMPOSITION OF 100 DEATHS AT THE DIFFERENT PERIODS OF RESIDENCE.

CAUSES OF DEATH.	YEARS OF RESIDENCE IN INDIA.			
	First and second years.	Third to fifth year	Sixth to tenth year.	Ten years and upwards.
Enteric fever	65	33	22	5
Dysentery	4	5	5	10
Malarialfever	3	6	3	10
Alcoholism	..	...	1	5
Tubercle of the lungs	2	4	5	10
Nervous diseases	1	3	6	...
Circulatory diseases	1	3	10	14
Pnuemonia	3	8	9	5
Abscess of the liver	7	11	17	14
Heatstroke	6	7	4	5
All other diseases	7	19	18	24
TOTAL	100	100	100	100

STATEMENT NO. VII.—*Composition of 100 cases of Invaliding by Age and Length of Residence in the European Army of India, 1894.*

CAUSES OF INVALIDING.	CAUSES OF 100 CASES OF INVALIDING IN RELATION TO AGE.			
	24 and under.	25 to 29.	30 to 34.	35 and upwards.
Dysentery	3	4	3	8
Malarial fevers	11	11	10	15
Venereal diseases	17	18	15	8
Debility	9	9	17	22
Rheumatism	3	6	3	5
Tubercle of the lungs	5	6	7	2
Mental diseases	6	9	1	...
Epilepsy	2	1	1	...
Other nervous diseases	2	2	3	5
Eye, ear, and nose diseases	6	3	2	3
Palpitation	5	1	2	...
Valvular disease of the heart	5	3	2	2
Other circulatory diseases	2	1	3	3
Respiratory diseases	2	2	2	...
Hepatitis	3	5	10	7
Locomotive diseases	3	2	1	3
Injuries	4	5	6	3
All other causes	12	13	11	13
ALL CAUSES	100	100	100	100

CAUSES OF INVALIDING.	CAUSES OF 100 CASES OF INVALIDING IN RELATION TO LENGTH OF RESIDENCE.			
	First and second years.	Third to fifth year.	Sixth to tenth year.	Ten years and upwards.
Dysentery	3	4	3	3
Malarial fevers	8	12	13	23
Venereal diseases	14	19	17	15
Debility	9	10	10	21
Rheumatism	3	4	5	3
Tubercle of the lungs	4	6	9	...
Mental diseases	8	5	5	...
Epilepsy	2	1	1	...
Other nervous diseases	2	2	2	8
Eye, ear, and nose diseases	7	4	3	3
Palpitation	5	3	1	...
Valvular disease of the heart	6	3	3	3
Other circulatory diseases	2	2	1	...
Respiratory diseases	2	2	2	...
Hepatitis	3	4	7	8
Locomotive diseases	4	3	1	...
Injuries	5	5	5	3
All other causes	12	13	12	13
ALL CAUSES	100	100	100	100

STATEMENT NO. VIII.—*Invaliding in relation to Age and Length of Service combined, European Army of India, 1894.*

AGES.	LENGTH OF INDIAN SERVICE.				INVALIDED PER CENT. OF TOTAL.					
	Total number invalided.	Under 4 years.	Under 7 years.	7 years and above.	Under 4 years.		Under 7 years.		7 years and above.	
Under 25 years	1,081	980	98	3	77·65		25·13		2·05	
25 to 29 "	533	241	234	58	19·10	99·05	60·00	97·44	39·73	73·97
30 to 34 "	124	29	48	47	2·30		12·31		32·19	
35 to 39 "	51	11	9	31		·95		2·56		26·03
40 and upwards	9	1	1	7						
TOTAL .	1,798	1,262	390	146		100		100		100
		70·19	21·69							
	100	91·88		8·12						
		68·34	24·11							
Result of 1893	100	92·46		7·54						
		67·68	21·63							
Standard of 1886-90	100	89·30		10·70						

Papers and Books referred to in Section II.

(1) *Indian Medical Gazette*, January 1895; *Lancet*, 19th January 1895.
(2) *British Medical Journal*, 13th October 1894.
(3) *Hygienische Rundschau*, 1893, No. 16.
(4) *Zeitschrift für Hygiene*, Vol. XVII, p. 53.
(5) *Virchow's Jahresbericht*, 1893, Vol. I, p. 583.
(6) *Zeitschrift für Hygiene*, Vol. XVII, p. 42.
(7) *Arbeiten aus dem Kaiserlichen Gesundheitsamte*, 1894, Vol. IX, p. 392.
(8) *Annales de l'Institut Pasteur*, 1894, pp. 193—230 and 353—402.
(9) *Annales de l'Institut Pasteur*, 1894, p. 854.
(10) *Annales de l'Institut Pasteur*, 1895, Vol. IX, p. 252.
(11) *Lancet*, 27th July 1895, p. 196.
(12) *Les Maladies Microbiennes*, pp. 520—548.
(13) *Public Health*, January 1895, p. 147.
(14) *British Medical Journal*, 11th August 1894; *Lancet*, 18th August 1894.
(15) *Annales de l'Institut Pasteur*, 1894, pp. 193—230 and 353—402.
(16) *Arbeiten aus dem Kaiserlichen Gesundheitsamte*, Vol. XI, p. 207.
(17) *Centralblatt für Bakteriologie*, 1894, Vol. XV, p. 228.
(18) *Zeitschrift für Hygiene*, Vol. XVI, pp. 1—148.
(19) *British Medical Journal*, 15th July 1893.
(20) *Lancet*, 13th April 1895, p. 926.
(21) *Lancet*, 4th May 1895, p. 1109.
(22) *British Medical Journal*, 15th September 1894, p. 621.
(23) *Virchow's Jahresbericht*, 1894, Vol. I, p. 513.
(24) *Prostitution*, Chapter V.

SECTION III.

NATIVE ARMY OF INDIA.

India.

43. The year 1894 was somewhat more unhealthy than the preceding very healthy year; malaria, influenza, and cholera being more prevalent. The cholera mortality was, however, not high.

NATIVE ARMY OF INDIA.

Year.	Average Strength.	RATIO PER 1,000.							
		Admissions into hospital.	Constantly sick.	Deaths from					Mortality, including absent deaths.
				Cholera.	Remittent fever	Pneumonia.	Dysentery.	All causes.	
1882-91 . .	118,111	1,020	34	1·45	1·47	2·90	·77	13·09	16·61
1890 . .	127,746	1,137	38	1·83	1·75	3·96	1·11	15·91	18·64
1891 . .	128,600	972	35	2·64	1·57	2·53	·87	15·44	19·34
1892 . .	127,355	1,092	37	2·14	1·42	3·26	·96	14·97	18·67
1893 . .	127,091	862	32	·20	1·13	2·75	·47	10·29	12·81
1894 . .	**127,844**	**897**	**31**	**·56**	**1·44**	**2·87**	**·51**	**10·76**	**13·59**

The chief causes of admission were ague, diseases of the integuments, and injuries. Among the diseases with raised admission ratios were cholera, influenza, malarial fevers, dysentery, and pneumonia. Among those with lessened rates were respiratory diseases other than pneumonia, diarrhœa, rheumatism, and venereal diseases. Ague caused 42 per cent. of the total admissions.

The chief causes of death were pneumonia, remittent fever, injuries, other respiratory diseases, ague, and cholera. Among the diseases which caused increased mortality were cholera, heatstroke, scurvy, simple continued fever, remittent fever, and pneumonia. Among those from which mortality was lessened were debility, hepatitis, nervous diseases, ague, and respiratory diseases other than pneumonia. Pneumonia caused 27 per cent. of the total deaths, and remittent fever 13 per cent.

The total number invalided for discharge was 2,307, or 16·03 per mille of strength; and the chief causes of invaliding were debility, rheumatism, malarial fevers, and respiratory diseases.

If Table I for native troops be compared with Table I for European troops, it will be seen how much less the native soldier suffered from cholera, enteric fever, simple continued fever, ague, heatstroke, circulatory diseases, tubercle of the lungs, tonsillitis, diarrhœa, hepatitis, venereal diseases, injuries; and how much more he suffered from influenza, smallpox, pneumonia, other respiratory diseases, dysentery, spleen diseases, scurvy, eye diseases, entozoa, and diseases of the integuments, than his European comrade. These relations are unusual with regard to cholera and ague, but usual in the case of enteric fever, respiratory diseases, dysentery, hepatitis, and venereal diseases.

Commands.

44. The following table compares the present with the past state of health of the five commands. Only in Madras was health better than in the previous year. The table also enables one to compare the commands with each other. As usual, the health of the Hyderabad Contingent and of the corps of Central India and Rajputana was the best. The comparison is carried into greater detail for 1894 in Table VII :—

Years.		Average annual strength present.	RATIO PER 1,000.							
			Admissions into hospital.	Constantly sick.	Deaths from					Mortality, including absent deaths.
					Cholera.	Remittent fever.	Pneumonia.	Dysentery.	All causes.	
Bengal . . .	1882-91 .	56,963	1,150	37	1·49	1·63*	3·65	·84	13·91	17·42
	1890 . .	64,080	1,306	42	3·28	2·09	5·40	1·14	19·16	21·82
	1891 . .	66,230	1,021	35	3·73	1·83	3·35	·71	17·32	18·10
	1892 . .	65,594	1,234	40	2·58	1·77	4·18	·99	16·53	19·70
	1893 . .	65,132	861	32	·05	1·61	3·98	·46	11·96	14·42
	1894 . .	65,446	934	33	·26	1·83	3·93	·41	12·01	14·89
Central India and Rajputana.	1882-91 .	5,175	690	20	·48	·90*	2·36	·25	7·85	9·03
	1890 . .	5,118	702	21	·78	1·17	3·91	...	9·96	9·96
	1891 . .	5,175	629	20	·58	1·55	2·71	...	7·73	8·96
	1892 . .	5,128	777	21	2·54	1·37	2·34	·39	9·56	10·50
	1893 . .	5,174	660	18	...	1·74	1·55	·19	5·99	6·62
	1894 . .	5,089	683	20	·20	1·38	1·57	·20	7·07	8·48
Madras . . .	1882-91 .	25,715	836	34	2·05	1·58*	1·26	·87	13·81	18·94
	1890 . .	26,032	924	41	·54	2·04	1·38	1·38	15·63	20·64
	1891 . .	26,088	1,017	46	1·99	1·49	1·53	1·92	20·05	27·28
	1892 . .	25,963	868	38	2·27	1·39	2·16	1·46	18·53	26·00
	1893 . .	26,170	743	34	·69	·76	1·68	·73	12·19	15·43
	1894 . .	26,628	678	30	·90	·64	1·09	·79	9·84	13·17
Bombay . . .	1882-91 .	23,024	1,098	36	1·11	1·34*	3·52	·68	12·88	15·35
	1890 . .	24,032	1,139	35	·12	·87	3·79	·79	10·99	12·92
	1891 . .	23,780	978	31	1·26	1·30	1·77	·59	9·63	12·34
	1892 . .	23,355	1,130	34	·81	·94	2·65	·60	10·10	12·48
	1893 . .	23,626	1,121	33	·08	·42	1·40	·38	6·60	8·84
	1894 . .	23,757	1,168	34	·88	1·47	2·86	·63	10·73	13·19
Hyderabad Contingent .	1882-91 .	6,672	575	20	·84	·39*	1·15	·15	6·10	8·04
	1890 . .	7,071	553	17	...	·57	1·41	...	4·81	6·71
	1891 . .	7,063	529	19	1·13	·42	·99	·14	6·09	7·83
	1892 . .	7,058	681	22	1·70	...	1·56	·14	7·08	8·35
	1893 . .	6,989	589	20	·29	...	·72	·14	3·29	3·94
	1894 . .	6,924	620	21	1·16	·72	·72	·14	5·34	7·69

*For six years, 1886—91.

Burma.

45. The following table shows the statistics of all the native troops serving in Burma and the Andamans. Of these troops the Madras army furnished in 1894 about 97 per cent.

Burma.

Years.	Average annual strength present.	Ratio per 1,000.						
		Admissions into hospital.	Constantly sick.	Deaths from				
				Cholera.	Remittent fever.	Pneumonia.	Dysentery.	All causes.
1890	10,353	1,510	69	5·02	5·31	1·84	4·15	38·83
1891	11,401	1,676	76	1·75	2·98	1·84	4·03	36·31
1892	11,333	1,349	57	2·29	2 29	2·29	3·09	29·12
1893	10,326	1,092	48	·87	1·45	2·42	1·36	19·85
1894	10,500	809	35	1·43	·95	1·14	1·43	13·90

The general ratios compare favourably with those of past years. A comparison of the health of the troops in the Burma Coast group of stations with that of the troops in the Burma Inland group may be made by the use of Table XX.

Geographical Groups.

46. The table which follows shows that both for the decennium and in 1894 Groups I, II, III, IV, and XII had higher constantly sick ratios than the other groups; and that both for the decennium and in 1894 mortality from respiratory diseases was greatest in the Indus Valley and in the Hill Stations.

		Ratio per 1,000 of Strength.												
		I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	
		Burma Coast and Bay Islands.	Burma Inland.	Assam.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalayan.	Indus Valley and North-Western Rajputana.	South-Eastern Rajputana, Central India and Gujarat.	Deccan.	Western Coast.	Southern India.	Hill Stations.	India.
1882—1891.	Constantly sick rate	50·1	74·6	54·2	47·2	32·2	31·9	37·5	28·5	27·4	22·3	26·1	43·4	34·1
	Death-rates from— Cholera	...	7·35	·87	1·36	·91	·61	·51	·70	1·11	·24	2·03	1·49	1·45
	Respiratory diseases	·96	1·88	1·59	1·73	1·97	3·65	6·49	2·70	1·50	1·00	1·23	6·61	3·41
1893.	Constantly sick rate	33·4	55·8	50·7	48·4	28·0	29·9	38·5	26·6	27·4	23·7	26·3	37·8	31·7
	Death-rates from— Cholera	...	·43	·40	...	...	·12	...	...	·25	...	·34	...	·20
	Respiratory diseases	·96	3·31	3·56	·34	1·16	6·19	9·60	1·14	1·27	1·34	1·95	5·09	3·80
1894.	Constantly sick rate	37·2	38·9	44·7	40·1	27·0	30·1	38·1	28·6	28·7	31·9	24·7	38·6	31 2
	Death-rates from— Cholera	...	2·15	...	...	2·15	...	·06	·08	1·38	·66	·34	...	·56
	Respiratory diseases	·96	2·57	2·84	2·12	1·29	4·36	7·82	1·84	1·68	·66	1·46	5·59	3·63

In Table XX the vital statistics for 1894 of the native troops in the various groups have been placed side by side for comparison. The highest constantly sick rate was that of Assam, and the lowest that of Southern India. Burma Coast had the highest admission ratios from rheumatism, venereal diseases, and entozoa other than guinea-worm; Burma Inland the highest from diarrhœa; Assam the highest from enteric fever, and the lowest from remittent fever and guinea-worm; Bengal-Orissa the highest from guinea-worm; the Gangetic Plain the highest from cholera, and the lowest from venereal diseases; the Upper Sub-Himalayan the highest from tubercle of the lungs, and the lowest from rheumatism; the Indus Valley the highest from ague, pneumonia, and other respiratory diseases; Central India the highest from influenza; the Western Coast the highest from smallpox, simple continued fever, and dysentery; Southern India the lowest from ague and tubercle of the lungs; and the Hill Stations the highest from remittent fever and scurvy.

Stations.

47. Of the large stations throughout India with a strength of not less than 1,000, the following returned death-rates higher than that of the army or corps to which they belonged:—

STATIONS.	Average annual strength for 1894.	RATIO PER 1,000 OF STRENGTH.		CHIEF CAUSES OF MORTALITY PER 1,000 IN 1894.								Total number of deaths in 1894.
		1894.	1893.	Cholera.	Ague.	Remittent fever.	Dysentery.	Diarrhœa.	Pneumonia.	Tubercle of the lungs.	Anæmia and debility.	
Rangoon	1,174	14·48	13·80	...	...	...	·85	...	1·70	...	4·26	17
Fort Dufferin (Mandalay)*	1,561	13·45	15·48	3·84	...	1·28	1·28	1·92	·64	...	2·56	21
Fort William, Alipore, and Ballygunge	1,360	12·50	7·65	...	2·94	...	1·47	·74	2·21	1·47	·74	17
Dehra Dun	1,733	12·12	12·92	...	...	·58	·58	...	...	5·77	1·15	21
Meean Meer	1,744	18·35	16·12	...	...	5·73	...	...	8·60	·57	...	32
Rawalpindi	2,002	12·49	24·73	...	1·00	2·50	...	...	4·50	...	...	25
Peshawar and outposts	2,597	22·33	29·61	...	·77	6·16	·39	·39	7·32	·77	...	58
Murdan "	1,058	15·12	15·08	...	...	4·73	...	...	10·40	...	...	16
Kohat "	2,222	13·95	19·89	·45	·45	2·25	...	...	7·20	...	...	31
Edwardesabad "	1,571	21·01	15·86	...	1·91	1·27	...	...	15·91	·64	·64	33
Aurangabad	1,228	6·51	3·81	...	·81	·81	...	·81	...	...	...	8
Hingoli	1,146	8·73	2·39	1·75	...	2·62	...	...	1·75	...	...	10
Quetta†	6,342	18·76	18·73	...	1·42	3·00	·16	·16	8·67	·16	·32	119
Abbottabad	2,402	12·49	15·06	...	·83	2·50	·42	...	3·75	2·50	·42	30
Aden	1,057	15·14	11·05	...	1·89	·95	5·68	...	·95	·95	·95	16

* Mixed troops (Bengal, Madras, and Bombay). † Mixed troops (Bengal and Bombay).

For information regarding the causes of sickness in the above stations the Summary of Sanitary Sheets at the end of the section may be consulted. The mortality of all stations will be found in Tables XXIII and XXIV.

Regiments.

48. Details regarding the health of individual regiments are to be found in Table XXIX, read in conjunction with the Summary of Sanitary Sheets, which is given at the end of this section.

Principal Diseases.

49. Attention having been directed to the health statistics of India, of the commands, of the geographical groups, of stations, and of regiments, it will be convenient now to consider some of the chief diseases.

Influenza.

Influenza greatly increased, there having been 1,155 cases, 9·0 per mille of strength, against 784 cases, 6·2 per mille, in the preceding year. The number of stations affected was 37 against 20, only 8 of those attacked in 1894 having also suffered in 1893. The geographical groups affected in both years were V, VI, VII, IX, X, XII, and Extra India; those affected only in 1894 IV, VIII, and XI; and those affected only in 1893 II and III. In proportion to strength, Central India was the group most severely affected; whilst the greatest numbers of cases occurred in Central India, the Deccan, and the Hills. The relations of the disease to stations and months in 1894 may be studied in Table XXV. The following table shows the monthly progress of the disease since the beginning of 1890. The maximum month varied from year to year; but over the period as a whole most cases occurred in April and March, and fewest cases in October, September, and November. The figures in the last column of the table give grounds for hoping that the disease is wearing itself out.

Influenza.

Years.	Number of admissions into hospital in each month.												Total.
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.	
1890 . .	1	8	2,460	5,118	492	82	55	...	...	...	1	...	8,217
1891 . .	...	...	1	...	105	259	123	106	51	22	17	215	899
1892 . .	681	371	511	149	40	5	5	7	...	1	7	18	1,795
1893 . .	8	28	65	99	95	13	9	7	...	3	53	404	784
1894 . .	159	203	232	384	143	11	5	...	1	1	5	11	1,155
Total .	849	610	3,269	5,750	875	370	197	120	52	27	83	648	12,850

The greatest number of cases occurred at Ahmedabad, Dharmsala-Kangra, and Secunderabad. The first and third had compact outbreaks, the second a more scattered one. Mild cases were doubtless not always admitted, and diagnosis was probably sometimes uncertain. The following table shows that the native troops were more severely affected than the European troops, much less severely than the prisoners. It also shows that mortality from pneumonia rose in all three bodies.

	Per 1,000 of average strength.											
			Increase or decrease as compared with 1893.									
	Influenza.		Pneumonia.		Other respiratory diseases.		Simple continued fever.		Ague.		All causes.	
	Admission.	Death.	Admission.	Death.	Admission.	Death.	Admission.	Death.	Admission.	Death.	Admission.	Death.
European troops	3·4	·01	+·3	+·05	+1·7	...	−8·6	+·01	+47·4	−·02	+93·1	+3·46
Native troops .	9·0	16	+·6	+·12	−10·0	−·29	−·5	+·03	+44·9	−·14	+35·2	+·47
Prisoners . .	41·0	·43	−·5	+·36	−2·7	+·24	+2·3	−·02	+7·8	+·26	+109·7	+6·86

Cholera.

50. The cholera of the native army of India may be studied in Table XXVI. There were 116 cases with 71 deaths, against 41 with 25 in the preceding year. The admission ratio was 0·9, against 0·3, and the death ratio 0·56, against 0·20. Cases occurred throughout the year, the maximum months being May and July. In the Gangetic Plain the cases bore the highest proportion to strength. The greatest numbers of cases occurred in the Deccan, the Gangetic Plain, and Burma Inland. Among stations Satara, Lucknow, and Myingyan had most

cases. The circumstances attending the chief outbreaks will be discussed, so far as they are of etiological importance, in Section VI.

Malarial fevers.

51. To fevers returned as malarial were due 44 per cent. of the sickness and 19 per cent. of the mortality of the native army. The admission and death rates from these fevers rose in 1894. In Table XX it may be seen that the Indus Valley was the most malarious group, and Southern India the least malarious; and in Table XXVII that the most malarious month was October, the least malarious March.

Enteric fever.

52. The ratio of admission from enteric fever in the native army in 1894 was 0·3 and the death-rate 0·05, against 0·3 and 0·04 in the previous year. The corresponding decennial ratios of 1882-91 are 0·3 and 0·09. The following table shows that the ratios for European troops are very unlike those for native troops and prisoners :—

	1882—91.		1894.	
	Admissions.	Deaths.	Admissions.	Deaths.
European troops . . .	14·7	4·13	20·9	5·75
Native troops . . .	·3	·09	·3	·05
Jail population . . .	·2	·10	·4	·13

Post-mortems are rarely obtainable in the case of native soldiers; but among prisoners nearly every fatal case of disease is subjected to *post-mortem* examination. Under these circumstances the fact that the ratios of prisoners and sepoys for a ten-year period are practically identical appears to show that the native troops really suffer less than the European. Again, the following table shows that the fever mortality in the European army is not the same in amount, which indicates that the difference is not altogether a mere matter of diagnosis :—

CAUSES OF DEATH.	DIED PER 1,000 OF AVERAGE STRENGTH.		RELATIVE LIABILITY IN PERCENTAGES.			PERCENTAGE IN DEATHS FROM ALL CAUSES.	
	European troops.	Native troops.	European troops.	Native troops.	Total =100.	European troops.	Native troops.
Ague . .	·18	·58	23·7	76·3	100	1·1	5·4
Remittent fever .	·37	1·44	20·4	79·6	100	2·3	13·4
Simple continued fever	·01	·05	16·7	83·3	100	·1	·4
Enteric fever . .	5·75	·05	99·1	·9	100	35·8	·4
TOTAL .	6·32	2·11	75·0	25·0	100	39·3	19·6

The total fever mortality among the native troops in 1894 was to the total fever mortality among European troops as 1 : 3·0. For the period 1886-91 the corresponding ratio was 1 : 1·9, and for 1893 it was 1 : 3·1. Again, among European troops 39 per cent. of all deaths in 1894 were from fevers; only 20 per cent. among native troops. It appears, then, that native soldiers and prisoners are less liable to enteric fever than Europeans are.

The question of the immunity, or apparent immunity, of natives of India as regards enteric fever has been frequently discussed in former reports. It is of interest to note that Bruch (Thesis, quoted in *Centralblatt für Bakteriologie*, Volume XV, page 693,) states that the Arabs of Algeria enjoy a similar immunity. Mr. Hankin (*Indian Medical Gazette*, August 1894,) says that natives appear to be naturally insusceptible to enteric fever; that this is certainly not due to their not swallowing the microbe; that the enteric bacillus seems to be a relatively harmless inhabitant of their intestines; that here it can probably increase and multiply, and then pass into the dejections without trouble to either host or parasite.

The three principal theories of the supposed immunity of natives that have been put forward are—1st, inherent racial immunity; 2nd, gradual vaccination by constant slow imbibition of small quantities of the poison; 3rd, the favourite theory of many men with large opportunities of seeing native practice, that natives get the disease as children, and that the survivors are protected. See the report for 1890, pages 33 and 80, and also an interesting paper by Surgeon-Major Chester in the *Lancet* of 31st August 1895.

The experimental researches of Sanarelli (*Annales de l'Institut Pasteur*, 1894, pages 193—230 and 353—402) open up a new possibility. He found that by the continued injection into the stomach, or under the skin, of the enteric toxine, or of a putrid fluid made by macerating beef in water with the aid of warmth, a local intestinal tolerance towards the enteric toxine was produced without simultaneous general protection, so that an animal in which this local intestinal tolerance had been produced could die of the enteric poison, subsequently exhibited, without any intestinal lesions. He points out that in man cases of undoubted enteric fever have been not infrequently reported, in which the enteric lesions were either slight or absent, though the termination of the disease was fatal; and says that in some cases in man this local tolerance must be considered as quite natural, or as acquired without the intervention of an antecedent enteric poisoning. The application of this to the relation of natives of India to enteric fever is obviously, not that natives are immune, but that by the constant imbibition of bacterial toxic fluids, not necessarily even of the specific enteric toxine, they have attained intestinal tolerance; and that, therefore, fatal fevers in natives may often be cases of enteric fever without intestinal lesions.

In the whole native army of India 33 cases with 6 deaths were returned as enteric fever, as against 34 cases with 5 deaths in 1893. The cases were distributed as follows:—

Stations.	Cases.	Deaths.
Manipur	17	...
Peshawar and outposts	1	1
Kohat	2	1
Bhuj	1	1
Neemuch	1	...
Jubbulpore	1	1
Sambalpur	3	...
Ahmednagar	1	...
Kirkee	2	...
Belgam	1	...
Aden	1	1
Khajuri Kach	2	1
TOTAL	33	6

The return from the Gurkhas at Manipur is curious, and suggests doubts; though the medical officer seeks to support his diagnosis by an appeal to *post-mortem* confirmation in previous years in similar cases, by a very detailed account of the cases, and by general surmises as to their etiology. The fatal case at Aden seems to have been the only one in which a *post-mortem* was obtained: there was thickening and congestion of the Peyer's patches in the lower 4 feet of the ileum.

The following table compares the ratios from enteric fever of the Gurkha regiments with those of the whole army of Bengal:—

YEAR.	ADMISSIONS.		DEATHS.	
	Army of Bengal.	Gurkha* Regiments.	Army of Bengal.	Gurkha* Regiments.
1890	·2	·1	·09	·13
1991	·3	·1	·14	...
1892	·7	2·3	·21	·76
1893	·3	·4	02	...
1894	·4	...	·06	...

* Including 5th Gurkhas.

Experience shows that in all cases of remitting fever occurring in Gurkhas the possibility of the presence of tuberculosis must be borne in mind; and that at a *post mortem* examination care must be exercised to distinguish between the intestinal lesions of tuberculosis and those of enteric fever.

Dengue, Typhus, Cerebro-spinal fever, Scarlatina, Measles, Erysipelas, Mumps.

53. During the year under review 251 cases of dengue were returned, 239 of them from Aden. There was no typhus, no epidemic rose rash, and only one case of cerebro-spinal fever. Eleven cases of scarlet fever were returned; 6 from Meerut, 4 from Tiddin, and 1 from Fort William. Measles occurred in all the corps of the army, 193 cases in all, 31 of them in the 44th Gurkha Rifles. There were 45 cases of erysipelas and 938 of mumps distributed over all the five corps of the army.

Scurvy.

54. The ratio of scurvy admissions rose from 2·7 per mille of strength in 1893 to 3·3 in 1894. There were in all 428 cases, against 348 in the preceding year; 60 per cent. in the Bengal army, and 38 per cent. in the army of Bombay. Twenty-two per cent. occurred in the Hills, and 18 per cent. in the Indus Valley. Again, 17 per cent. occurred at Gilgit, 13 per cent. at Quetta, 9 per cent. at Rajkot, and 6 per cent. at Aden. Seven deaths in all were directly attributed to scurvy, against 3 in 1893.

Dysentery.

55. From dysentery the admission and death rates were slightly higher than in the preceding year. The comparative prevalence and mortality from dysentery in the various portions of the army of India may be studied in Tables VII and XX. By far the highest admission-rate was that of the Western Coast, and the highest death-rate was that of Burma Inland. The death-rate of native troops from dysentery was to that of the Europeans as 1 : 1·18; but the percentage of dysentery in total causes of death was 4·7 in the case of native troops, and only 3·8 in the case of European troops. The admission-rate of native troops was much higher than that of European troops,—43·8 to 26·6.

Hepatic Abscess.

56. In Table XX may be seen how the mortality from abscess of the liver was distributed over the geographical groups of the native army. The highest ratio was that of Assam.

In the year under review, although the admission-rate of native troops was half as much again as that of European troops, yet the death-rate of European troops from abscess of the liver was twenty times the death-rate of native troops from the same. See Section II, paragraph 24. In 1894 the death-rate of European troops was increased, that of native troops diminished.

Cause of Death.	Died per 1,000 of average strength.		Relative liability in percentages.			Percentage in deaths from all causes.	
	European troops.	Native troops.	European troops.	Native troops.	Total = 100.	European troops.	Native troops.
Abscess of liver .	1·20	·06	95·2	4·8	100	7·4	·6

Tubercle of the lungs.

57. The admission-rate from tubercle of the lungs fell, but the death-rate rose. The Bengal army had higher admission and death rates than the other corps. Among the groups the highest admission-rate was in the Upper Sub-Himalayan, and the lowest in Southern India. The highest death-rate was in Assam. The Gurkhas suffer more than other native soldiers from tuberculosis.

	Admission-rates.	Death-rates.
Native Army of Bengal	2·2	·76
Gurkha Regiments	5·6	2·92

Respiratory Diseases.

58. The ratios of admission and death from respiratory diseases were somewhat lower than in the previous year:—

India.

Period.	Ratio per mille of strength.			
	Respiratory diseases.		Pneumonia.	
	Admissions.	Deaths.	Admissions.	Deaths.
1886-91	47	3·41	12	2·84
1890	55	4·62	17	3·96
1891	50	3·56	12	2·53
1892	53	4·27	14	3·26
1893	62	3·80	12	2·75
1894	53	3·63	13	2·87

Respiratory diseases are the chief cause of death in the native army, and in 1894 no less than 34 per cent. of all deaths were due to them. The highest admission-rates were those of the Indus Valley, Assam, the Hills, and Bengal-Orissa; the highest death-rates those of the Indus Valley, the Hills, and the Upper Sub-Himalayan. For respiratory diseases other than pneumonia the highest admission ratio was that of the Indus Valley and the lowest that of Southern India; the highest death-rate that of the Indus Valley, while there were no deaths from those diseases on the Burma Coast.

Pneumonia.

59. The table given in the preceding paragraph shows that the admission and death rates from pneumonia rose; and, if that table be compared with the one given in paragraph 49, it will be seen that the rise and fall of pneumonia from 1890 to 1894 has

accompanied the rise and fall of influenza. The incidence of mortality from pneumonia in the various geographical groups was as follows :—

Deaths from Pneumonia.

	Groups.												
	Burma Coast and Bay Islands.	Burma Inland.	Assam.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalayan.	Indus Valley and N.-W. Rajputana.	South-Eastern Rajputana, Central India and Gujarat.	Deccan.	Western Coast.	Southern India.	Hill Stations.	Army of India.
Death-rates per 1,000 of average annual strength .	·96	1·43	2·43	1·41	·86	3·55	6·54	·99	1·28	·33	·90	4·52	2·87
Percentages in total deaths .	9·1	8·9	20·7	14·3	9·5	32·4	47·2	14·6	18·3	5·0	12·5	34·3	26·7

It shows high mortality from pneumonia in the Indus Valley, the Hills, and the Upper Sub-Himalayan; and a high proportion of pneumonia to total deaths in the same. Again, from the following it may be gathered that in 1894 the mortality of native soldiers from pneumonia was nearly four times as great as that of European soldiers :—

Cause of Death.	Died per 1,000 of average strength.		Relative liability in percentages.			Percentage in deaths from all causes.	
	European troops.	Native troops.	European troops.	Native troops.	Total =100.	European troops.	Native troops.
Pneumonia . .	·75	2·87	20·7	79·3	100	4·6	26·7

Venereal Diseases.

60. Full details regarding venereal diseases in 1894 will be found in Tables XXVIII and XXVIII*a*. The following tables are given to compare with the corresponding ones for European troops in Section II :—

Bengal.

Years.	Venereal Diseases.	Years.	Venereal Diseases.
1861	63·6	1878	47·4
1862 . . .	59·7	1879	41·2
1863	49·5	1880	34·9
1864	49·4	1881	44·3
1865	51·1	1882	40·1
1866	54·4	1883	35·3
1867	45·5	1884	34·0
1868	43·2	1885	39·3*
1869	46·9	1886	33·3†
1870	34·8	1887	27·0†
1871	30·1	1888	32·3
1872	29·4	1889	39·8
1873	33·0	1890	39·7
1874	43·5	1891	35·5
1875	41·2	1892	37·5
1876	30·5	1893	32·3
1877	27·6	1894	29·6

* Excluding troops on active service in Burma and Egypt.
† Excluding troops on active service in Burma.

India.

Years.	Primary Syphilis.	Secondary Syphilis.	Total Venereal Diseases.	Years.	Primary Syphilis.	Secondary Syphilis.	Total Veneeal Diseases.
1877 . .	11·5	5·3	26·7	1886 . .	13·7	6·0	28·1
1878 . .	16·3	5·8	37·5	1887 . .	12·6	6·1	27·4
1879 . .	16·5	7·0	37·1	1888 . .	13·5	5·4	31·5
1880 . .	15·0	5·8	33·3	1889 . .	16·6	6·4	38·9
1881 . .	17·9	7·2	39·5	1890 . .	16·0	6·9	41·1
1882 . .	14·7	5·9	34·4	1891 . .	13·6	6·9	37·9
1883 . .	13·0	6·5	31·6	1892 . .	14·1	7·9	39·6
1884 . .	11·0	5·3	27·9	1893 . .	13·3	9·0	36·4
1885 . .	11·2	5·9	30·1	1894 . .	13·8	8·2	32·3

The figures for India are not available for the years before 1877; therefore the ratios for Bengal alone have been shown for those years. On comparing these tables with those in Section II, it will be at once seen that all the venereal ratios of native troops, including that of secondary syphilis, run at a much lower level than those of European troops; and that there is not the same tendency to increase in the ratios of the former as in those of the latter. There has been no change in the native army corresponding to the introduction of the short-service system in the European army.

The total venereal ratios of India and of all the commands except the Hyderabad Contingent were lower than in 1893. In comparing the ratios in Table XXVIII*a* with the corresponding ratios for the previous year, the caution given in paragraph 28 of Section II should be borne in mind.

The following table compares the venereal ratios of the European and native troops of the chief commands :—

	1894.					
	European Troops.			Native Troops.		
	Strength.	Admissions.	Ratio per 1,000.	Strength.	Admissions.	Ratio per 1,000.
Army of Bengal . .	44,267	22,117	499·6	65,446	1,937	29·6
" Madras . .	13,397	6,928	517·1	26,628	1,012	38·0
" Bombay . .	13,418	7,306	544·5	23,757	977	41·1
" India . .	71,082	36,351	511·4	127,844*	4,130	32·3

* Including corps of Central India and Rajputana and Hyderabad Contingent.

The highest ratios for both European and native troops were those of Bombay, and the lowest those of Bengal; and in all cases the ratios of native troops were much lower than those of European troops. Among the European troops of India there were 511 admissions to every 1,000 men, among the native troops only 32.

Beri-beri.

61. There were 17 deaths from so-called beri-beri, against 15 in the preceding year. They were returned from Rangoon and Falam in Burma, from Trichoor and Quilon on the Western Coast, and from Vizianagram and Berhampur in Southern India. One death at Dibrugarh was returned as due to the *dochmius duodenalis.*

Guinea-worm.

62. In the year under review the admission-rate from guinea-worm rose from 3·6 to 3·9, and the number of cases from 462 to 499. The percentage distribution of the total admissions is shown in the following table :—

Guinea-worm during 1894.

TOTAL ADMISSION.	PERCENTAGE OF ADMISSIONS.															
	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.				
	Burma Coast and Bay Islands.	Burma Inland.	Assam.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalayan.	Indus Valley and North-Western Rajputana.	South-Eastern Rajputana, Central India and Gujarat.	Deccan.	Western Coast.	Southern India.	Hill Stations.	Bombay troops in the Bengal Command.	Marching.	Extra India.	India.
499	·2	·8	...	10·0	1·4	7·0	13·2	34·5	15·4	1·6	1·8	11·0	·2	·8	2·0	100

The highest percentages fall in Groups VII-IX, and the highest of all in Group VIII. A reference to Table XX will show that Groups IV and VIII had the highest ratio per mille of strength. Of the total number of cases, 11 per cent. declared themselves at Kherwara, 7 per cent. each at Fort William and Quetta, 5 per cent. at Sirdarpore and its outposts, and 4 per cent. at Mhow. Of the 34 cases occurring in the Quetta district, 29 were among Bombay troops, and 5 among Bengal troops. The whole European army only yielded 5 cases. This great contrast is probably due to the different customs of Europeans and natives as regards bathing and water-drinking.

Suicide.

63. During the ten years 1881-90 there were 241 cases of suicide, or an average of about 24 per annum. There were 20 in 1894; of which 11 were by gun-shot, 3 by hanging, 2 by drowning, 2 by cut-throat, 1 by bayonet wound, and 1 by opium poisoning. The following table shows the percentage distribution of cases of suicide in 1894 according to age :—

PERIOD.	CASES OF SUICIDE ACCORDING TO AGE—PERCENTAGES.							
	Under. 20.	20—24.	25—29.	30—34.	35—39.	40 and over.	TOTAL.	Total cases.
1881—90 . . .	9	41	20	18	5	7	= 100	241
1890 . . .	5	65	5	15	5	5	= 100	20
1891 . . .	11	39	22	11	11	6	= 100	18
1892 . . .	...	56	22	11	11	...	= 100	9
1893 . . .	14	50	27	5	5	...	= 100	22
1894 . . .	20	35	20	15	10	...	= 100	20

the next the percentage distribution according to service:—

PERIOD.	ACCORDING TO SERVICE—PERCENTAGES.						
	1st and 2nd years.	3—6.	7—10.	10 and over.	TOTAL.	Total cases.	REMARKS.
188—190	24	29	14	33	=100	224	224+17=241
1890	25	50	5	20	=100	20	...
1891	17	3	22	22	=100	18	...
1892	22	44	11	22	=100	9	...
1893	23	45	18	14	=100	22	...
1894	30	20	25	25	=100	20	...

and the next the percentage distribution according to season:—

PERIOD.	ACCORDING TO SEASON—PERCENTAGES.					
	January to March.	April to June.	July to September.	October to December.	TOTAL.	Total cases.
1881—90	28	25	22	25	=100	241
1890	30	20	30	20	=100	20
1891	3	17	17	28	=100	18
1892	11	56	22	11	=100	9
1893	9	50	14	27	=100	22
1894	15	30	45	10	=100	20

Abstract of Sanitary Sheets.

64. The following statement summarises the reports on sanitary defects (often remediable, therefore requiring the attention of local authorities) existing in the stations occupied by native troops during the year 1894, and on the improvements that have been carried out, or suggested:—

STATION.	Corps.	RATIO PER 1,000.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Fort William .	6th B. L. I. .	1,282·2	5·21	Personal cleanliness neglected by the Jats. Sickness and mortality were due to climate, changes of season, cold, etc. Extra accommodation was provided to allow cases of itch to be treated in the lines.
Alipore . .	16th B. I. .	1176·6	27·27	Surface drainage is defective. Personal indiscretion was responsible in some cases for deficiency of clothing. Guard duties were particularly heavy. Principally malaria was responsible for sickness and mortality. Water was laid on from the municipal supply for the hospital premises.
Barrackpore .	10th B. I. .	912·4	12·43	Itch cases were due to the dirty state of recruits. Sickness and mortality were principally due to variation in diurnal temperature and to the dampness of the soil and weather. The supply of vegetables and limes in the daily diet, and inspection as to cleanliness of recruits and of men going on guard, were recommended.
Silchar . .	2nd (Q. O.) B. L. I.	920·2	6·39	The barracks are surrounded by swampy and low lands. Sickness was in most cases due to climatic causes.
Do. . .	18th B. I.	852·4	17·46	From April to October the marshy surroundings are unhealthy. Sickness was very prevalent when rainfall was very heavy.
Dibrugarh . .	L. W., 2nd (Q. O.) B. L. I.	1,938·1	32·00	Ague was most probably caused by the dampness of the climate. The mortality from diarrhœa contracted on board ship was probably due to defective water-supply.
Do. . .	L. W., 13th B. I.	1,141·4	14·49	Malarial fevers were due to ordinary climatic causes. New married quarters were constructed.

Station.	Corps.	Ratio per 1,000,		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Shillong . .	44th Gurkha Rifles.	1,425·5	21·15	Sickness was due chiefly to chills, but men returning from unhealthy outposts—*e.g.*, Nadalguri—suffered much.
Kohima . .	42nd Gurkha Rifles.	509·4	11·28	The barracks are draughty. Sickness and mortality were due to climate, accident and chill.
Manipur . .	L. H. B., 42nd Gurkha Rifles.	844·4	8·62	During the dry weather there was considerable overcrowding. Duty was heavy. Surroundings are unhealthy owing to the close proximity of stagnant tanks and marshy parade ground. Sickness and mortality were principally due to the malarious surroundings mentioned above.
Do. . .	43rd Gurkha Rifles.	1,053·9	15·77	Drainage, conservancy, washing and bathing arrangements are not satisfactory. The water is contaminated by the Manipuris on the bank above the lines. Surroundings are damp, badly drained and jungly on the north and north-east. Sickness and mortality were due to contaminated water, dampness of surroundings and barracks, dirty milk, etc. Some of the floors of the barracks were raised to prevent dampness, and surface drainage and latrines were somewhat improved. Recommendations made were to have improved clothing and wells. More *dhobies*, a large well-warmed shed for drying clothes in the rains or wet weather, and improved underclothing for sepoys of some light woollen material are necessary.
Do. . .	44th Gurkha Rifles (for 15 days).	1,642·9	13·33	Surroundings are very damp owing to much standing water.
Buxa . . .	L. W., 11th B. I.	...	...	None.
Do. . . .	Dett. 12th (K. G.) Regt., B. I.	651·0	11·17	The place is very damp owing to the position of the station being immediately below high hills. Sickness and mortality were due to climate, to injuries, and to parasites. Recommendation was made for the boiling of drinking-water before use.
Doranda . .	12th B. I. .	1,512·7	7·45	Slight overcrowding occurred during January, February, and March, owing to a large number of recruits. Sickness and mortality were chiefly due to the malarious climate. A new well was sunk for hospital use.
Dinapore . .	13th B. I. .	559·7	7·58	Recruits require more supervision as to personal cleanliness. Malarial fevers were due to ordinary climatic causes. Movable latrines were substituted for fixed ones.
Darjeeling . .	Native Drivers of No. 6 M. B., R. A.	900·0	...	None.
Benares . .	5th B. L. I. .	863·0	14·66	Overcrowding occurred during the cold weather when the regiment was present in its full strength. The village to the south and west of the lines is very objectionable. Sickness and mortality were due to climate and to exceptional rains during the year. New and improved lines for two companies were constructed.
Fyzabad . .	3rd B. C. . .	388·3	9·62	Sickness and mortality were due to purely climatic causes.
Do. . .	4th P. A. V., B. I.	566·1	4·49	Malarial fevers prevailed during and after the rains, and were probably due to the proximity of the river and to the flooding of a large extent of low-lying ground. Rheumatism was due to cold wind.
Lucknow . .	7th B. C. . .	509·9	6·49	None.
Do. . .	7th B. I. . .	553·7	16·04	Very much overcrowded all the year round. Ventilation and drainage are very defective. The tank to the south-east corner of the lines is objectionable. Sickness and mortality were due to climatic causes; lung complaints due to chills. Pipe water was laid on, and corrugated iron latrines were erected. Drainage and urinals should be improved.
Lucknow and Lansdowne.	9th Gurkha Rifles.	608·8	13·31	Sickness was chiefly due to malaria.
Cawnpore . .	3rd B. I. . .	472·6	14·04	Sickness was chiefly due to climatic causes.
Do. . .	4th B. C. .	332·7	9·62	Slight overcrowding occurred in the months of February, November, and December. Diseases were principally due to climatic causes.

STATION.	Corps.	RATIO PER 1,000.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Allahabad	8th B. C.	729·0	9·63	Sickness was due to malaria giving rise to ague.
Bareilly	2nd B. L.	566·7	1·00	The lines are being rebuilt according to the new pattern.
Do.	11th B. I.	454·8	5·49	The greater part of the sickness was due to climatic causes.
Almora	1-3rd Gurkhas	591·7	7·84	Sickness and mortality were principally due to malarial fevers contracted on furlough or on command.
Lansdowne	2-3rd Gurkhas	845·6	8·96	Sickness was chiefly due to the malaria of the *terai* where men went on leave, etc. Married quarters were constructed and taken into use. The recommendation made was that men should not be allowed leave to the *terai*, where they contracted fevers.
Do.	39th Garhwal Rifles.	1,262·9	3·57	Surface drainage is defective. Adequate arrangements for washing or bathing purposes are not provided. Water is too far off down hill. Some arrangements for keeping the hospital warm should be made.
Dehra Dun	G. G.'s Body-Guard.	2,173·1	8·40	The duty in Calcutta was very heavy. The water is procured at Dehra Dun from a distance of three miles. The jungle to the east of the officers' quarters at Calcutta (Ballygunj) is objectionable. Sickness and mortality were principally due to climate and accidents.
Do.	1-2nd P. W. O. Gurkhas.	680·2	13·13	Roof ventilation should be extended to all the huts. The chief cause of sickness and mortality was malarial affections. Venereal disease was due to the absence of any supervision over women.
Do.	2-2nd P. W. O. Gurkhas.	572·7	12·02	Sickness was chiefly due to malaria. That the cooking places of the men are in the barrack rooms is objectionable.
Do.	No. 7 B. M. B.	1,148·8	8·10	None.
Roorkee	B. Sap. and Miners.	491·6	9·54	Sickness and mortality were due chiefly to climatic causes.
Meerut	6th B. C.	442·8	8·05	Malarial fevers were due to climatic causes.
Do.	29th P. I.	767·7	7·73	The frequent occurence of cases of itch showed that personal cleanliness is neglected.
Delhi	36th Sikhs	1,257·9	29·31	Sickness was principally due to climatic causes Pneumonia at the end of the year was due to exposure to a severe climate of men not used to it.
Agra	17th B. I.	445·7	5·56	None.
Jhansi	45th Sikhs	1,439·4	3·36	Overcrowding existed for 6 months. The floors of the huts are level with and in places lower than the ground outside. The lines are not large enough or open enough to accommodate a full regiment. Sickness was generally of malarial origin.
Nowgong	5th B. C.	1,024·9	6·40	The ground round the horse hospital is not satisfactorily drained.
Do.	35th Sikhs	798·0	3·33	Ventilation is somewhat defective. Sickness was mainly due to malaria. Some *pucca* drains were constructed during the year.
Saugor	1st B. C.	773·2	3·21	Malarial fevers were due probably to the black cotton soil on which Saugor is built.
Do.	8th B. I.	1,007·5	13·36	Sickness and mortality were principally due to climatic causes and chill.
Jubbulpore	1st B. I.	878·2	8·61	Overcrowding lasted during the first three months of the year. Sickness and mortality were due to climatic causes.
Umballa	17th B. C.	612·9	12·88	Slight overcrowding lasted about five months during the year. Sickness and mortality were due to variation in temperature and other climatic conditions.
Umballa and Gilgit	32nd Pioneers	487·5	12·26	Ventilation is bad. After very heavy rain the surface drainage does not work well. Dysentery and diarrhœa in the latter half of the year were due to the change from the plains to the hills, cold, and difference in diet; ague and spleen to malaria; ophthalmia to want of cleanliness in children; chest affections to cold. Recommendation made was to increase the ration of men employed on hard work.
Jutogh	Native Drivers of No. 1 M. B., R. A.	565·9	6·71	None.
Do.	Native Drivers of No. 2 M. B., R. A.	825·7	6·76	None.

STATION.	Corps.	RATIO PER 1,000.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Jullundur . .	14th B. L. .	577·2	8·06	Roof ventilation defective and cannot be mended without entire reconstruction of the lines. Sickness, chiefly malarial fever, due to climate.
Do. . .	27th P. I. .	993·5	15·70	Sickness and mortality were due to malaria, exposure to cold, and general dampness of soil and atmosphere after the monsoon.
Ferozepore . .	18th B. L. .	876·7	4·82	Overcrowding occurred for four months during the year. Surface drainage during the wet weather becomes somewhat defective. Malaria accounted for much sickness.
Do. . .	24th P. I. .	1,043·6	17·70	Surface drainage, which becomes defective during the rains, should be improved.
Do. . .	14th Sikhs .	777·8	23·89	Ventilation is insufficient. Ague was due to variation in temperature during the autumn; pneumonia to chill and exposure.
Mooltan . .	15th B. L. .	475·2	8·01	Sickness and mortality were due to climatic causes.
Do. . .	19th P. I. .	600·3	15·75	Slight overcrowding lasted during the months of January and February. Sickness was chiefly due to malaria.
Sialkot . .	12th B. C. .	915·0	12·92	The lines are too cramped for so many men and horses. New enlarged lines were sanctioned. Fever was climatic. To build another washing place for men and to examine all men returning from leave medically were recommended.
Do. . .	25th P. I. .	486·6	9·93	There was overcrowding for five months during the year. The marked fall in temperature after sunset in the autumn months accounts for a good deal of sickness. It was recommended to clean out a pond in front of the hospital; or to put in disinfectants, if the plan first suggested be considered too expensive.
Do. . .	38th Dogras .	464·1	9·27	Temporary overcrowding existed for a short time. Malaria seems to have been the chief cause of illness. The regiment went to Waziristan on 16th September 1894, and has not returned yet.
Dharmsala . .	1-1st Gurkhas .	817·4	18·59	Filth-pits are not considered suitable: the refuse should be disposed of by incineration. *Khakee* woollen clothing instead of cotton drill ought to be supplied to the men for cold-weather duties. Water-supply insufficient in the hot weather, and dangerous at all seasons from sewage infilteration. Rice lands are too close to the lines. Sickness and mortality were principally due to malaria. Some new water sources were exploited, but they are not looked on as satisfactory, it being suspected that the supplies come from leakage from a contaminated water channel.
Do. . .	2-1st Gurkhas .	918·3	8·79	Incineration of refuse instead of its burial in pits is considered the proper method for Dharmsala. *Khakee* serge should be provided for the cold weather instead of *khakee* drill. Washing and bathing water should be a constant and not an intermittent supply as at present. Epidemic influenza, malarious poison, and venereal contagion have caused most of the sickness. The married quarters were added to largely during the year, and the mule drivers and other followers were housed. Some steps to control the amount of venereal disease are urgently wanted. The present system is absolutely useless for prevention, and it is considered that nothing short of a regular lock system would be of any practical use.
Bakloh . .	1-4th Gurkhas .	694·9	7·65	Sickness was chiefly due to malaria. The year, however, was a very healthy one.
Do. . .	2-4th Gurkhas .	519·0	13·27	The old barracks are unfit for human habitation. New barracks are in course of construction. In the hot weather the water-supply becomes insufficient at times. Sickness was principally due to malaria.
Meean Meer .	19th B. L. .	610·8	17·66	Sickness was chiefly due to malaria.
Do. .	20th P. I. .	1,502·5	24·13	Ditto ditto.
Do. .	34th Pioneers	754·8	17·06	None.
Rawalpindi . .	Native Drivers of No. 3 M. B., R. A.	931·8	6·85	None.
Do. . .	Native Drivers of No. 8 M. B., R. A.	873·0	6·80	Climate and exposure were responsible for much sickness.

Station.	Corps.	Ratio per 1,000.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Rawalpindi . .	9th B. L. .	994·1	11·24	The huts are badly ventilated and lighted. Drainage becomes very defective after rain. The establishment for working the latrines was inadequate. The lines are too close to the bazar. Climatic causes and chill were principally responsible for sickness and mortality.
Do. . .	33rd P. I. .	527·4	21·44	*Pucca* drains are required for the stand-pipes in the lines. Sickness was chiefly due to climatic causes.
Do. . .	30th P. I. .	571·6	12·29	The diseases were chiefly due to climatic causes.
Jhelum . .	10th B. L. .	896·7	11·31	Sickness and mortality were due to climatic causes, malaria and chill.
Do. . .	26th P. I. .	1,015·0	16·84	Overcrowding existed for eight months during the year, and was due to the barracks being low : according to the superficial capacity there was no overcrowding. Sickness and mortality were due partly to the climate, and partly to sudden changes of temperature, and to the great difference between the temperature of the night and day. Surface drainage was improved. Recommendations made were for the enlargement of the hospital and the building of a new latrine for it, for the pitching of tents in the lines during the hot weather for the men who slept outside, and for the prophylactic issue of quinine and arsenic during the autumn months.
Nowshera . .	11th B. L. .	552·3	3·21	The surface drains are mostly unpaved. Sickness and mortality were chiefly due to malaria in summer and autumn, and chill in the winter months.
Do. . .	37th Dogras .	734·4	14·32	Some overcrowding occurred during the cold weather months. Malarial fevers were rather more prevalent this year than in 1893.
Peshawar . .	13th B. L. .	968·4	19·77	Overcrowding lasted for five months from March to November. Ventilation is defective. Sickness and mortality were due to climatic causes only.
Do. . .	15th Sikhs .	1,183·7	14·44	Duty was very heavy. Sickness and mortality were due to service in an unhealthy climate, combined with very heavy night duties.
Peshawar and Ferozepore.	28th P. I. .	1,116·5	42·74	*Posteens* were provided for men on night duties. The diet allowance is not sufficient to provide a proper diet with sufficient animal food in such an expensive and malarious place. The lines are too near the low and damp lands. Malarial influences, climatic peculiarities, influenza, and to some extent heavy duty, and want of sufficient and proper diet, account for much sickness and death.
Peshawar . .	31st P. I. .	919·6	19·12	Duty was excessively heavy, the nights in bed being always under six. Military service and exposure on duty in an unhealthy climate were the principal causes of sickness and mortality.
Abbottabad . .	1st P. I. .	1,215·8	19·91	The Afridis are very dirty in person and clothing. The Pathans at times are insufficiently clad when out of uniform. Vegetable diet at times was scanty. The water-supply is liable to pollution at its source. Sickness and mortality were principally due to malaria, the prevalence of which was probably due to the large cultivated and irrigated fields in the neighbourhood. Movable galvanized iron latrines were brought into use.
Do. . .	No. 4 H. M. Battery.	2,122·2	18·10	The *nullah* behind the lines is objectionable and it was recommended to convert it into a masonry drain. The vegetable-supply became scarce during a part of the year. The water-supply is liable to contamination at its source. Malaria was probably due to the extensive cultivation near the cantonments.
Do. . .	1-5th Gurkhas .	1,321·8	12·40	The water-supply is liable to pollution at its source. Malaria, which was very prevalent, was probably due to early heavy rainfalls, extensive cultivated fields near the lines, etc.
Do. . .	2-5th Gurkhas .	1,363·5	19·85	The water-supply is liable to contamination at its source. Malarial fevers were due to the causes mentioned above. A committee recommended the prohibition of irrigation and cultivation of high crops near cantonments. The proposals were negatived by Government on the ground of expense.

Station.	Corps.	Ratio per 1,000.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Murdan	Q. O. Corps of Guides.	733·9	18·49	The fort remained constantly overcrowded. Ventilation is defective. Latrines are too few in number, and very far away from the lines. New movable latrines are required. All the wells show traces of sewage contamination to a greater or less extent. Cantonment boundary too small. Fields are close alongside the lines and are used for purposes of nature by many of the troops. Introduction of canal irrigation has increased both malaria and pneumonia, as well as catarrhal bronchitis and diarrhœa. Besides ventilation, accommodation, lighting and warming are deficient in barracks.
Kohat	Punjab Garrison Battery	1,203·4	42·25	Water contains a rather large proportion of lime salts. Sickness was chiefly due to malaria.
Do.	No. 2 Derajat M. B.	2,198·1	24·29	Sickness was chiefly due to malaria. Quinine and cinchona were issued as prophylactics against ague during September, October, and November.
Do.	6th P. I.	1,572·0	14·61	There was much overcrowding almost throughout the year, but worst in October and November, when there were over 300 men too many. Ventilation is very defective. Taking into consideration the work done, the diet is considered insufficient. Duty was very hard, nights in bed having ranged between 4·05 and 4·18. Climate with severe exposure and hard duty on guard was responsible for sickness and mortality. New lines are to be shortly built.
Do.	3rd P. C.	1,435·6	12·82	Ventilation is imperfect. Sickness and mortality were due to climatic causes.
Do.	4th Sikh Infantry	1,438·0	20·04	Duties, as usual in frontier regiments, were very severe. Sickness generally due to malaria; mortality to severity of cold weather.
Edwardesabad	No. 1, Kohat M. B.	2,262·4	12·50	Sickness was chiefly due to climate and chills.
Do.	1st Sikh Infantry	1,557·7	31·21	Sickness and mortality were due chiefly to climate and chills.
Do.	2nd P. I.	1,713·9	11·53	Ditto.
Dera Ismail Khan	Wing, 2nd Sikh Infantry.	1,233·3	32·26	Overcrowding existed from the 2nd to the 31st December.
Do.	4th P. I.	1,276·4	19·51	Filth receptacles for use in conjunction with the latrine and conservancy carts are required. Owing to the defective latrine arrangements, the bank of the river to the west of the lines continues to be used for purposes of nature. The situation of the lines over the Indus, with almost no fall for drainage, probably accounts for malarial fever. Lung diseases were due to the cold and the damp of the weather in the winter. Improved drainage and washing arrangements in the married quarters were carried out.
Do.	No. 8 B. M. B.	2,968·9	19·90	Malaria was due to extensive irrigation round the cantonment.
Do.	1st. P. C.	762·2	6·47	Ventilation is defective. Sickness was chiefly due to climatic causes. Urinals were constructed, four to each troop.
Do.	3rd Sikh Infantry.	1,603·6	9·85	Overcrowding occurred during the six colder months of the year. Ventilation was rendered defective during the cold weather by the closing up of every aperture for the sake of warmth. Sickness and mortality were due to diseases common to this country at particular seasons of the year. Dysentery, malaria and its sequelæ account for the majority of admissions into hospital. No satisfactory explanation as to the source of these diseases can be given.
Do.	No. 3 P. M. B.	1,551·1	9·95	Ague, ulcer, and boils were due to climate.
Dera Ghazi Khan	2nd Sikh Infantry.	1,565·8	14·64	Causes of sickness were malaria, cold, and injuries.
Do.	2nd P. C.	1,099·8	11·51	Ditto.
Rajanpur	5th P. C.	1,403·0	20·97	Ventilation, as usual with most native houses, is defective. Ague was chiefly due to climate, mortality from pneumonia to the great difference in temperature of day and night.
Do.	R. W. 5th P. C.	...	...	Ventilation is defective. Sickness might be attributed to sudden variation of temperature of day and night.

STATION.	Corps.	RATIO PER 1,000.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Camps Kuchi and Malana.	21st P. I. . .	464·6	8·34	None.
Mastaon, Samana .	5th P. I. . .	1,575·6	32·51	Considerable overcrowding existed throughout the year. The chimneys smoke badly and the buildings are exceedingly draughty in winter. The Afridis are extremely unclean in their persons, perhaps more than usually so on account of deficient water-supply. Milk was scarce during the cold season, and fresh vegetables so throughout the year. Frequently the nights in bed for non-commissioned officers and men have been under four. Water is insufficient. The severe winter was instrumental in causing many of the cases of bronchitis, pneumonia, and other chest complaints.
Kherwara . .	Meywar Bhil Corps.	723·6	9·85	Slight overcrowding existed about four months during the year. *Filaria Medinensis* was the cause of many admissions to hospital. Sickness was principally due, 1st to malaria, 2ndly, to the pools of foul drinking-water near the men's villages in which the *filariæ* were undoubtedly bred. One new line of excellent huts was built.
Erinpura . .	Erinpura Irregular Force.	826·9	12·64	There was always some slight overcrowding. Vegetables at times became scarce. Sickness and mortality were principally due to climatic causes. Lung diseases were due to chills.
Deoli . . .	Deoli Irregular Force.	583·1	3·46	There was some overcrowding in the married quarters. The well water dried up in May, causing the usual scarcity of water, which had then to be fetched from a distance. The increased fever was probably due to increased rainfall. The deaths from pneumonia were due to chills, to which cause the deaths from remittent fever can also be assigned.
Ajmere . .	Merwara Bn. .	593·3	5·65	None.
Loralai . .	No. 6. Bo. M. Battery.	1,620·3	42·25	Sickness and mortality were due to climatic causes, chiefly malaria and exposure to cold and chills.
Do. . . .	16th B. C. .	1,053·7	27·55	Sickness was due to climatic causes. Mortality was due to malaria and chills. A recommendation made was to issue quinine, cinchona febrifuge, and cinchonidine sulphate as prophylactics against malaria.
Do. . . .	1st Beluch. Bn. L. I.	567·5	16·19	Warm *pyjamas* are required on account of the cold which prevails here. In cold weather milk and eggs become scarce, and now and then fresh vegetables. The nights in bed have been below the authorised number. Sickness was due to climatic causes; mortality to diseases brought on by malaria, cold, and chills. Issue of quinine, etc., as prophylactics was recommended.
Quetta. . .	Native Drivers of No. 5 M. B., R. A.	1,903·7	20·27	Sickness and mortality were due to climate and change of temperature; local injuries to the nature of the work done.
Do. . . .	5th Bo. Infantry	962·7	12·39	Malaria was responsible for most of the sickness, chills for most of the mortality.
Do. . . .	9th Bo. Infantry	824·1	14·07	The *putties* should be of woollen material, as less likely to cause varicose veins. The diet of the Brahmin caste is unsuitable for men residing in a cold climate. Malaria caused most sickness. Mortality was chiefly caused by chills incidental to the residence in a cold climate of men unaccustomed to it.
Do. . . .	40th Pathan .	705·0	10·43	Fruit and fresh vegetables were insufficient. Malarial and respiratory diseases were due to climate.
Quetta and Sibi .	7th Bombay Lancers.	981·7	18·24	Water-supply at Sibi was bad. The climate of Quetta is very unhealthy, and to the changes in temperature much of the illness was attributable. The latrine in the lines at Sibi is being enlarged.
Pishin . . .	26th Beluch Regt., Bo. I.	2,280·1	29·24	Overcrowding occurred in the beginning of the year. Ventilation is defective in the hot months. Drainage is somewhat defective. The water-supply is liable to contamination. Latrines were increased in number.

STATION.	Corps.	RATIO PER 1,000.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Fort Sandeman .	6th Bo. C. .	2,050·7	14·95	Overcrowding occurred to a considerable extent throughout the year. The clothing is insufficient for the cold season. Vegetables are very scarce. Duties were excessive for the greater part of the year. Sickness was due to malaria; mortality to exposure to cold. In the new cavalry lines water has not yet been laid on in pipes.
Do. .	22nd P. I. .	1,606·9	32·37	Overcrowding to the extent of 22 men per company existed throughout the year. Vegetables are difficult to obtain in sufficient quantity. Sickness and mortality were due to malaria and cold.
Chaman . .	24th Bo. I. .	813·1	8·19	Overcrowding existed for most part of the year to the extent of 100 men. Sudden changes of temperature were responsible for sickness and mortality.
Chilas and Jhelum	23rd Pioneers .	640·1	11·12	Scurvy was due to an insufficient supply of fresh vegetables; ague to chills and malaria.
Khormaksar . .	Aden Troops .	2,855·6	10·10	Sickness and mortality were due to climatic causes. The use of quinine as a prophylactic was recommended.
Jacobabad . .	5th Bo. C. .	1,137·7	22·38	Ventilation is defective. The enervating effects of the hot-weather followed by chilly nights in the autumn at the time when malaria is prevalent from the drying up of the canals and irrigated land accounts for sickness and mortality.
Hyderabad (Sind)	2nd Beluch Battalion.	616·6	4·93	None.
Kurrachee . .	3rd Beluch Battalion.	1,752·1	18·70	Simple continued fever was due to exposure to the direct rays of the sun in the hot weather.
Bhuj . . .	17th Bo. I. .	728·1	21·28	Sickness was principally due to the epidemic of influenza and malarial influences; deaths to complications arising from influenza, climatic changes, and excessive cold. The city was placed out of bounds during the epidemic of influenza.
Rajkot. . .	23rd Bo. Rifles .	1,480·6	11·12	Slight overcrowding occurred. During the hot weather green vegetables become scarce. It is highly desirable that the water-supply of Rajkot should be extended to the lines. Ague, which caused the great admission into the hospital and 2 out of 4 deaths, was due to the abnormally heavy rainfall. New lines were completed.
Deesa . . .	3rd Bo. C. .	818·3	4·90	Sickness was mostly due to climate, want of drainage of the surrounding country after the rains, and rapid changes of temperature.
Do. . . .	14th Bo. I. .	990·0	5·01	The causes of disease were chills, climate, malaria, exposure to irritation by sand, dust and wind, and glare of sun.
Ahmedabad and Aden.	16th Bo. I. .	2,381·5	20·23	Malarial fever in Aden was due to climate, dengue and influenza to epidemic outbreak. The regiment came from Aden in bad health, caused by too long stay in a malarious climate.
Baroda . .	1st Bo. Grenadiers.	1,147·9	13·51	Ventilation is defective. Sickness and mortality were due to malaria and climatic conditions.
Nasirabad . .	20th Bo. I. .	1,293·3	5·57	Married men's quarters were generally overcrowded. Ague contributed most to the sickness due to climate and malaria.
Neemuch . .	1st Bo. L. .	917·1	8·04	None.
Do. . .	R. W. 20th Bo. I.	1,282·3	3·69	Most of the sickness was due to malaria, to variation in temperature, and to indiscretion on the part of the sufferers.
Mhow . . .	3rd Bo. I.. .	934·6	5·17	Ague and chest diseases were due to washing in the open before 9 A.M. in January and February. Mortality was probably due to the same cause.
Do. . . .	19th Bo. I. .	746·7	11·03	The situation of the lines on low-lying ground precludes any improvement in drainage, which becomes very defective during the rains. The latrines are badly situated, and their improvement is imperative. Climatic conditions account for sickness.
Bombay and Poona	Governor's Body-Guard.	1,206·3	...	Sickness was principally due to variation in climate acting on constitutions readily susceptible to malarial poison.
Bombay . .	21st Bo. I. .	1,100·1	13·43	The boundary to the north of the lines is not satisfactory. Sickness was principally due to climatic causes, cholera to infection contracted by men sent on duty to Nasik.

STATION.	Corps.	RATIO PER 1,000.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Bombay	22nd Bo. I.	1,260·5	11·04	Fresh vegetables are expensive. The offensive smell from the municipal drainage pumping station is objectionable, but there are no means of its removal, or removal of the lines from their present situation. The sickness and mortality were due to climatic causes and the general insanitary condition of the surroundings. The utter want of education in the rudimentary rules of sanitation and personal cleanliness amongst these men should not be ignored, not to speak of the religious prejudices and customs, so dear to their hearts, which are quite antagonistic to the maintenance of sound health.
Ahmednagar	8th Bo. I.	738·5	2·50	Ventilation is defective, owing to the deficiency of windows. Ague and dysentery were principally due to climatic causes.
Sirur	4th (P. A. V. O.) Bo. C.	853·4	13·16	Lines are too near the native town. Sickness and mortality were due to climatic influences and the exigencies of cavalry service.
Poona	2nd Bo. Grenadiers.	769·8	21·80	The close proximity of the dirty and overcrowded bazar acts prejudicially on the health of the lines. Sickness and mortality were principally due to climatic causes.
Do.	2nd Bo. L.	1,505·5	9·93	Sickness was mainly due to malarial fever, dysentery probably to chills.
Do.	4th Bo. Rifles	951·9	4·95	Fevers and dysentery were due to climatic causes and chills; venereal diseases to contagion; ulcers and abrasions to blows and shoe-bites; itch to want of cleanliness, and to contagion.
Do.	25th Bo. Rifles	676·2	6·23	Ague and dysentery were probably due to chills. Latrines of Harbury's pattern were refused for want of funds.
Kirkee	Bo. Sappers and Miners.	1,123·0	14·98	None.
Do.	28th Bo. Pioneers	1,046·4	12·14	About a third of the total diseases was due to malaria. Venereal disease, which was also unusually prevalent, was due to a hot-bed of venereal disease in some buildings next to the cemetery. The sweeping away of these buildings, which have no connection with the regiment, would prove of immense benefit.
Satara	10th Bo. L. I.	705·6	23·28	Cholera was epidemic, the disease being introduced from outside. Ague was due to climate and chills. Bath-room, cook-house, assistants' quarters, and mortuary were recommended for the hospital.
Aden	13th Bo. I.	2,993·5	18·29	Sickness and mortality were due to climatic causes.
Goona and Agar	1st C. I. Horse	753·0	4·83	Ague probably due to climatic variation from irregular and excessive rainfall.
Agar	2nd C. I. Horse	526·1	12·82	None.
Sirdarpore	Malwa Bhil Corps.	684·6	10·40	The number of nights in bed for sepoys was frequently too small. Guinea-worm was undoubtedly due to the impure water. Pneumonia, from which many deaths occurred, was doubtless caused by the great diurnal range of temperature in the winter months. Every precaution was taken, and the sepoys were warned to avoid chills.
Sehore	Bhopal Battalion	792·4	8·74	Malarial fevers, which accounted for half the admissions, were probably due to late heavy rains in October.
Ellichpur	No. 3 Battery, H. C.	1,049·0	...	Ague was due to the malarious surroundings of the station.
Do.	3rd Infantry, H. C.	1,086·8	9·32	Malarial fevers were due to climatic causes.
Aurangabad	4th Infantry, H. C.	476·4	10·87	Sickness and mortality were due to climate and importation.
Do.	No. 1 Field Battery, H. C.	697·0	...	Sickness was chiefly due to climatic causes.
Do.	1st Lancers, H. C.	619·8	11·03	The drains near the newly-erected stand-pipes are somewhat defective. Sickness was chiefly due to malarial fevers, and most prevalent in the months of September and October, being due to the drying of ground and *nullahs* after the rains. Pipe water was introduced into the regimental hospital.
Jalna	6th Infantry, H. C.	661·4	13·16	Ventilation is deficient. Public latrines for bachelors and followers are wanted. The adjacent

STATION.	Corps.	RATIO PER 1,000.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Jalna—*contd.*				city of Khaderabad is in a very insanitary state. Sickness was chiefly due to climatic causes, to exposure during the drill season, to frequent changes of camp, and to cold north-east winds during the malarial season.
Hingoli . .	1st Infantry, H. C.	491·8	12·42	Sickness was due to climatic causes.
Do. . .	No. 4 Battery, H. C.	939·4	9·17	Malarial fevers were due to climatic causes.
Do. . .	3rd Lancers, H. C.	897·5	3·63	None.
Bolarum . .	2nd Field Battery, H. C.	425·7	9·26	Drains connect with the defective system of the bazar. The bazar to the west is objectionable. Sickness was chiefly due to climate and accidents.
Do. . .	2nd Infantry, H. C.	361·0	4·65	Sickness was due to climate and to changes of temperature.
Do. . .	4th Lancers, H. C.	585·0	1·85	Malarial fevers were due to changes in temperature and cold winds; skin disease to riding-friction.
Mominabad . .	2nd Lancers, H. C.	458·1	3·68	None.
Raichur . .	5th Infantry, H. C.	580·9	4·72	Climatic causes and changes in temperature were responsible for much sickness. The movable system of latrines was established.
Secunderabad .	5th M. I. .	917·2	5·20	Personal cleanliness is neglected by some. Amongst these itch prevails. Malaria contracted in Burma caused all the deaths and most of the invaliding. The prevalence of ague was due to the same cause.
Do. .	15th M. I. .	1,714·5	9·93	The site is exposed to the monsoon winds and surrounded by marshy grounds and wet cultivation. The above causes were responsible for sickness and mortality. The regiment was moved into camp on the 15th November owing to the extreme unhealthiness of the lines. The recommendation for change of site which was made by a committee has not been given effect to yet.
Do. .	1st M. L. .	487·1	4·93	Owing to two camps of exercise and a march the duties were harder than usual. The proximity of imperfectly conserved Moglai villages and bazars is objectionable. Climate, perhaps aided in some cases by exposure to chills, caused sickness. Conjunctivitis was probably due to glare. Cholera was probably contracted from outside.
Do. .	20th M. I. .	962·9	15·11	Some overcrowding occurred in the hospital in April and May. Personal cleanliness, especially among the recruits, is somewhat defective. The duties in April and May were very fatiguing. The proximity of surrounding rice fields probably conduces to malarial fevers. The men have not completely recovered from the effects of service in Wantho.
Do. . .	22nd M. I. .	742·4	25·84	Sickness and mortality were chiefly due to malaria contracted in Burma.
Kamptee . .	12th Bo. I. .	868·2	6·02	Ague and respiratory affections were due to climate and season.
Sambalpur . .	R. W., 7th Bo. I.	784·4	9·46	Ague was probably due to climatic influences and rice cultivation, dysentery probably to the drinking of filthy water when away from the lines.
Raipur . .	7th Bo. I. .	794·2	12·24	The old-fashioned latrines are very badly constructed and quite unsatisfactory. The existence of tanks and much marshy ground accounts for ague, and dampness of climate during the rains for dysentery. The new water-supply was laid on to the lines. Recommendation was made for the issue of quinine as a prophylactic.
Cuttack . .	L. W., 19th M. I.	378·4	7·35	Ague and rheumatism were due to climatic causes. The following recommendations were made during the year: the more regular use of sand in latrines; the provision of additional huts to avoid overcrowding, and of *pucca* flooring to the latrines in the married quarters; the immediate clearance of sites for cholera camps.

STATION.	Corps.	RATIO PER 1,000.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Berhampur . .	19th M. I. .	503·8	14·60	The latrines in the huts are defective. The lines are surrounded by bazars. Sickness was probably due to climatic causes. The weakly-looking individuals should be weeded out.
Vizianagram .	11th M. I. .	534·9	21·74	Sickness and mortality were due to climatic causes, malaria, constitutional predisposition, exposure to wet and cold, errors in diet, contagion and uncleanliness.
Belgam . .	2nd M. I. .	339·0	7·47	Fevers were excited by chills and in some cases were due to atmospheric and climatic causes.
Do. . .	7th M. I. .	364·0	6·13	Some of the huts are insufficient for the accommodation of large families. Private huts are not well ventilated or lighted. A sentry is placed to prevent sweepers from contaminating the river water which runs between the lines and the latrines. Sickness was more or less due to climate and exposure. Mortality out of hospital was due to debility. A recommendation to allow recruits more mutton and *dāl* and less rice was carried out. Men were recommended to wear warm underclothing during the rainy and cold seasons of the year.
Bellary . .	3rd M. L. .	520·8	4·90	There are no *pucca* drains. Personal cleanliness is defective. Sickness was principally due to climate. The close proximity of the bazar and civil population may probably help to propagate disease amongst the sepoys. Injuries were principally accidental.
Do. . .	16th M. I. .	638·0	7·43	Surface drains are unsatisfactory, and were reported as such several times; but no expenditure was sanctioned for *pucca* drainage. During the dry months the water-supply runs short. Ague was the result of malaria contracted in Burma and Secunderabad; rheumatism of damp; opthalmia of climate, glare, and dust; venereal diseases of contagion; diarrhœa of chills and of errors in diet; and pneumonia and bronchitis of chills.
Madras . .	Governor's Body-Guard.	1,173·9	...	None.
Perambore (Madras).	6th M. I. . .	144·9	1·21	Ventilation is defective. The principal cause of illness was exposure to cold and wet, and variation of climate.
St. Thomas' Mount	Details and followers.	...	...	The water-supply is somewhat deficient in the hot weather. The huts of the 23rd Field Battery are being thoroughly rebuilt, and old *charpoys* in hospital replaced by iron cots.
Rayapuram (Madras).	27th M. I. .	383·3	7·23	There was overcrowding, and an extra company, with families, was moved to the Mount early in October. In the married quarters overcrowding is unavoidable. Ventilation is defective. The fall of the drains is insufficient. The surroundings are very unsatisfactory, the lines being too close to bazars and some sewer ventilators. The stench at times is very offensive. Some representations were made in regard to the open sewers on the parade ground. Sickness was chiefly due to malaria and climate.
Pallavaram . .	M. I. Depôt .	...	...	Ventilation is defective. The system of removal of refuse water is not satisfactory. Sickness was principally due to climatic causes and to service in unhealthy situations in Burma.
Vizagapatam .	Regt. Hospl. .	...	...	Sickness and mortality were principally due to the climate of Burma, whence the troops came.
Vellore . .	Native Military Hospital.	...	...	The huts are badly ventilated. There is no proper drainage system. The water-supply can barely be said to be fair. It is merely surface water. Sickness and mortality were chiefly due to climate and the hardships of foreign service in Burma.
Bangalore . .	M. Sap. and Miners.	740·0	11·98	The sickness and mortality were chiefly due to non-preventable causes, such as malaria, exposure to cold and damp, and to very heavy rainfall.
Do. . .	2nd M. L. .	738·7	8·40	Fevers were due to no practically removable causes. Complete cooking ranges and ovens were constructed for the bachelors' mess.
Do. . .	4th M. Pioneers	354·4	4·90	Ventilation is insufficient. The female latrine being too close to the lines is objectionable. The

Station.	Corps.	Ratio per 1,000.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Bangalore—*contd.*				recruits are not very clean in their habits, hence itch prevails amongst them. Water in the wells becomes sometimes scanty. The recommendation to fill in the tank and to remove the noxious village in close proximity to the lines has not yet been acted upon. Fevers were the result of climate, venereal diseases of the absence of a Contagious Diseases Act.
Do.	8th M. I.	315·2	8·54	Diseases were chiefly due to climatic peculiarities and exposure.
Do.	21st M. Pioneers	600·6	12·08	Sickness was contracted in the jungles of Burma. The lines are still being built by the regiment. The health of the regiment was good during the year.
Do.	24th M. I.	578·5	8·70	The ventilation is not sufficient. The fatigue of long marches and the running drill affected weakly persons. The chief sickness was due to climatic causes.
Cannanore	13th M. I.	743·3	...	A great many men neglect personal cleanliness. Bathing parades have been instituted to remedy this defect. Sickness was due to malaria, exposure to cold and wet during the long rainy season peculiar to this coast, and contagion.
Quilon	28th M. I.	710·4	14·37	Almost all the huts were overcrowded and ill-adapted to keep out rain. Ventilation is defective. Conservancy arrangements are defective. Recruits are unclean in their habits, and neither their clothing nor their diet is satisfactory. The water-supply is liable to contamination. Simple continued fevers were due to climate and to the 'land' (east) winds which pass over the Western Ghats and the heavy forests at their foot; itch to want of cleanliness; venereal diseases to infection. The health and strength of the men would be greatly improved if they had harder and constant manual work.
Trichinopoly and Chin Hills.	1st M. Pioneers	433·8	11·25	The main drain is defective, and the matter was reported to the authorities. At Dimlo the commissariat ration was very unsatisfactory. Some paddy fields are quite close to the lines. Sickness and mortality were due to climatic causes and atmospheric conditions mainly.
Trichinopoly	23rd Wallajabad L. I.	518·6	15·73	Overcrowding occurred both in the married and bachelors' quarters. The ventilation of the married quarters is insufficient. The recruits are generally dirty: hence the prevalence of itch amongst them. Ague and venereal diseases were contracted in Upper Burma. Dysentery and other bowel complaints were due to chills.
Rangoon	17th M. I.	930·0	16·29	Sickness and mortality were principally due to climatic causes, heavy rainfall, sudden changes in weather, excessive vegetation, etc.
Do.	26th M. I.	660·5	13·98	Overcrowding existed in Port Blair during the entire year, and was met by putting the men on the ground floor under the barracks. Rangoon hospital compound being below the level of the road, the water stagnates during the rains. Including the detachment at Port Blair of 294 men, the chief causes of disease were the excessive humidity of the climate, and the severe cold weather.
Moulmein	14th M. I.	771·9	19·42	Slight temporary overcrowding occurred. Sickness and mortality, excepting venereal disease, were due to climatic causes, prolonged and heavy rainfall, and very marked diurnal variations of temperature.
Mandalay	Native Drivers of No. 7 M. B., R. A.	1315·8	27·03	Sickness and mortality were due to malarial fevers, changes of temperature, chills, and local injuries from mules, etc.
Do.	12th (2nd B. B.) M. I.	756·7	20·53	Sickness and mortality were principally due to malarial and climatic influences, chills and irregularities in diet.
Do.	30th (5th B. B.) M. I.	722·1	9·82	In Bhamo the day latrines are ½ a mile distant from the lines; facilities for bathing were insufficient; and the clothing during the cold weather was not warm enough. Previous service in Burma and the Chin Hills has induced a ma-

STATION.	Corps.	RATIO PER 1,000.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Mandalay—*contd.*				larial taint in many men. Since the arrival of the regiment in Bhamo the following causes have been at work in producing disease : insufficient protection in barracks, the very distant situation of the latrines, insufficiency of warm clothing. Removal of the defects mentioned above was recommended.
Myingyan .	3rd M. L. I. .	803·1	35·22	The latrines are very far away from the lines. The water-supply is obtained from the river, it having been found impracticable to obtain good water from wells. Care is taken to bring the water from midstream, and as thus obtained it is of very fair quality, but the method of transport is inconvenient and costly, and a pipe system would be a great improvement. Sickness and mortality were due to outpost duties in the Chin Hills, which exposed men to malaria and to privations. A new cook-house, a hut for cholera patients, and some new temporary latrines were built.
Shwebo . .	R. Wing, 3rd M. L. I. .	...	...	Most of the sickness was due to malarial fevers, probably contracted in the Chin Hills.
Do. . .	25th M. I. .	692·1	18·01	Owing to sudden changes in temperature, men who had already suffered from malarial fever are liable to attacks. Also this accounts for a number of cases of diarrhœa and dysentery, while many were due to excess of diet. In many instances the temperature fell 10° F. in a few hours, the fall being accompanied by strong winds. In the majority of cases of malaria the patients had been attacked by the disease before arrival in Shwebo. Quinine and arsenic in mixture were distributed as a prophylactic. The men were warned to wear their extra under-clothing and to avoid sleeping in the open air.
Bhamo . .	No. 5 Bo. M. B.	1,666·7	50·69	There are not sufficient facilities for personal cleanliness. The climate of Maymyo was responsible for sickness.
Bhamo and Mandalay . .	33rd (3rd B. B.) M. I. . .	1,170·7	20·38	The quality of the rations at Bhamo was not good. The lines there are surrounded by marshy fields, overgrown with undergrowth. The health of the regiment has been undermined by long residence in Bhamo and Nampaung.
Thayetmyo .	9 M. I. . .	520·8	25·89	Sickness was principally due to service in the Chin Hills, which exposed the men to the pernicious effects of malaria. Dysentery and diarrhœa were not due to any specific cause discoverable. The diarrhœa seemed to be kept up by certain climatic influences, and defied very careful treatment. The removal of the men from these was found to be the only remedy.
Meiktila . .	29th (7th B. B) M. I. . .	378·3	4·85	The ventilation of the barracks is defective. The water-supply is drawn from a tank, the water of which is liable to contamination. Ague was due to previous exposure to malarial poison ; chest affections and rheumatism to the too open construction of the barracks and to deficient clothing. Men living in the old barracks were supplied with an extra blanket during the rains and cold weather.
Fort Stedman .	32nd(4th B. B.) M. I. . .	1,043·8	27·84	The huts do not afford sufficient protection from cold and wind. The *atta* supplied was coarse and branny, and sometimes bad. The water at Loikaw is unwholesome. The sickness and mortality occurred chiefly amongst men who were, or had been, on detachment at Bampon and Loikaw. These places are notoriously malarious. The diseases were undoubtedly aggravated by the bad *atta*. Men going on or returning from furlough travel up and down the ghats at a very malarious time of the year. They have to travel without blankets, greatcoats and bedding, as they get no transport. They get no rations, and food is not procurable on the road. The result is they get ill, and come to hospital on arrival. The Commanding Officer has written about it.

STATION.	Corps.	RATIO PER 1,000.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Falam . .	L. W., 31st (6th B. B.) M. L. I.	1,503·4	34·38	Overcrowding lasted for six months. Personal cleanliness is far from being satisfactory, owing to the scarcity of washermen and to the dirty habits of the men. Clothing is deficient and bad. More blankets and warm clothing should be issued during the cold weather. The diet supply is also very bad. Meat and vegetables are scantily supplied, and of bad quality. The *dâl* also was of very inferior quality, and was the cause of the majority of cases of diarrhœa. The duties were very fatiguing. The water-supply becomes scarce during the hot weather. Men going out on guard and escort duty through the valleys often fall sick. The regiment has moved from the old huts to new stone barracks. Recommendations concerning proper supervision over and improvement in conservancy, rations, and clothing were made.
Haka . .	31st (6th B. B.) M. L. I. . .	1,287·3	6·52	Convoy and escort duty was heavy. Most of the sickness was due to malarial affections contracted on the frontier ; chest affections to defective housing, exposure and sudden changes of weather. New permanent barracks were built, and stoves were placed therein and in the hospital. The hills are very healthy, and most of the sickness was contracted on the Burma frontier.
Tiddin . .	10th Regt. (1st Burma Rifles) M. I. . .	479·0	16·93	Overcrowding occurred only for two days. Ague was caused by passing through Kah Valley *en route* to Tiddin ; dysentery probably by surface impurities getting into the water-supply at the beginning of the rains. The men have occupied the new barracks built early in this year.

SECTION IV.

JAILS OF INDIA.

India.

65. In contrast to the preceding year, 1894 was unhealthy. Over a great part of India the rains were early, copious, and prolonged, producing dampness, obstruction to drainage, floods, damage to crops, scarcity. Influenza, cholera, malaria, dysentery, debility, and scurvy were prevalent in the free population as well as among the prisoners.

YEAR.	Average annual strength.	RATIO PER 1,000.									
		Admissions into hospital.	Constantly sick.	DEATHS FROM							
				Cholera.	Remittent fever.	Dysentery.	Diarrhœa.	Respiratory diseases.	Phthisis pulmonalis.	Anæmia and Debility.	All causes.
1882—91 .	89,642	1,093	38	2·91	1·60	6·84	3·93	5·99	2·37	2·16	33·61
1890* . .	96,610	1,232	40	1·44	1·61	6·12	2·86	7·17	2·32	1·82	31·49
1891* . .	101,019	1,043	37	3·09	1·76	5·74	2·68	6·27	2·32	1·78	31·89
1892* . .	103,159	1,186	41	4·73	1·70	7·80	1·97	6·81	2·38	2·24	36·83
1893* . .	101,737	967	37	·83	1·08	5·12	1·59	5·16	2·67	1·82	25·01
1894* . .	101,965	1·077	41	2·27	1·23	6·95	2·76	5·65	2·91	2·13	31·87

* Excluding subsidiary jails.

The chief causes of admission to hospital were ague, dysentery, abscess, and diarrhœa. Among the diseases with raised admission-rates were influenza-cholera, scurvy, dysentery, diarrhœa, and malarial fevers. Ague caused 35 per cent. of the total sickness, and bowel complaints 17 per cent.

The chief causes of death were dysentery, pneumonia, diarrhœa, cholera, respiratory diseases, debility, remittent fever, and tubercle of the lungs. Among the diseases which caused increased mortality were cholera, scurvy, dysentery, diarrhœa, and urinary diseases. Dysentery caused 22 per cent. of the total deaths, and pneumonia 14 per cent.

Proportion of prisoners in population.

66. The following statement shows for each administration, except the Andamans, the proportion of prisoners in 10,000 of the population:—

ADMINISTRATIONS.	Period.	General population according to census of 1891.	PRISONERS.		
			Average number.*	Proportion per 10,000 of population.	Deaths per mille of average strength.*
Burma . . .	1893	7,605,560	11,767	15·5	24·56
	1894		12,644	16·6	28·87
Assam . . .	1893	5,476,833	1,320	2·4	46·97
	1894		1,496	2·7	50·80
Bengal . . .	1893	71,346,987	17,719	2·5	32·34
	1894		17,341	2·4	47·11

* Including subsidiary jails.

N

Administrations.	Period.	General population according to census of 1891.	Prisoners.		
			Average number.*	Proportion per 10,000 of population.	Deaths per mille of average strength.*
North-Western Provinces and Oudh	1893	46,905,085	26,619	5·6	17·17
	1894		27,958	6·0	32·26
Punjab	1893	20,866,847	12,894	6·2	26·21
	1894		11,444	5·5	18·52
Bombay	1893	18,901,123	8,190	4·3	25·27
	1894		8,135	4·3	32·08
Berar	1893	2,897,491	1,358	4·7	27·98
	1894		1,367	4·7	27·80
Central Provinces	1893	10,784,294	4,419	4·1	19·01
	1894		4,503	4·2	31·76
Madras	1893	35,630,440	10,638	3·0	23·03
	1894		10,025	2·8	19·85

* Including subsidiary jails. The death-rates of the free population are given in the appendix to Section V.

Administrations.

67. In Table XV the various jail administrations of India may be compared in respect of sickness and mortality; and the following shows the proportion in which some of the principal diseases entered into the composition of a hundred deaths in each administration:—

Causes of death.	Composition of 100 deaths.									
	Andamans.	Burma.	Assam.	Bengal.	North-Western Provinces and Oudh.	Punjab.	Bombay.	Berar.	Central Provinces.	Madras.
Cholera	...	12·9	...	9·3	10·3	...	4·1	...	1·4	5·1
Fevers	14·4	5·8	13·9	6·7	5·7	7·1	3·7	2·6	2·8	8·0
Pneumonia	3·8	7·1	4·2	9·4	14·5	30·3	30·7	26·3	12·6	13·7
Dysentery and Diarrhœa	30·6	25·5	44·4	41·6	28·8	20·9	17·8	18·4	31·5	24·6
Tubercle of the lungs	...	10·1	...	8·8	5·6	8·1	1·3	...	1·4	8·6
Anæmia and Debility	18·1	1·9	12·5	5·2	7·4	1·4	5·8	2·6	4·2	6·9
All Causes	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0

In each 100 of the total deaths the proportion of fevers and debility was greatest in the Andamans, of bowel complaints in Assam, of cholera and tubercle of the lungs in Burma, of pneumonia in Bombay and the Punjab.

In Table XV it is seen that the Andamans had the highest mortality from remittent fever; Assam, the highest from ague, diarrhœa, spleen diseases, and debility; Bengal, the highest from cholera, tubercle of the lungs, and dysentery; Bombay, the highest from respiratory diseases, especially pneumonia.

Andamans.

68. Though the year 1894 was slightly more unhealthy than the preceding year, it compares favourably with the others in the following table :—

Convict Settlement, Andamans.

YEAR.	Average annual strength.	RATIO PER MILLE.									
		Admissions.	Constantly sick.	DEATHS FROM							
				Cholera.	Remittent fever.	Dysentery.	Diarrhœa.	Respiratory diseases.	Phthisis pulmonalis.	Anæmia and Debility.	All causes.
1882—91 . .	11,801	1,739	61	...	3·11	4·86	2·52	3·78*	4·31	1·43	28·72
1890 . .	11,844	1,978	58	...	4·73	5·91	2·70	6·33	3·97	1·69	34·62
1891 . .	11,576	1,588	59	...	4·41	11·32	1·73	3·71	4·67	3·97	41·47
1892 . .	11,047	1,764	60	...	7·33	19·19	1·00	8·24	3·62	5·34	50·78
1893 . .	10,686	1,491	53	...	4·21	7·39	1·87	3·46	2·34	5·71	30·32
1894 . .	10,419	1,463	55	...	4·42	5·28	4·13	2·88	2·40	5·57	30·71

* From 1886.

The medical officer considers the water-supply to be the weak point, and has made recommendations with a view to its improvement. The Andamans remained, as usual, free from cholera. In January and February there was an epidemic of febrile catarrh, which resembled influenza, but was not attended by any severe pulmonary complications. A severe form of diarrhœa prevailed sporadically over the settlement in February, March, and April before the monsoon rains. Ague caused 46 per cent. of the total sickness, and dysentery 17 per cent. of the total mortality ; while no less than 9 per cent. of the total number of deaths were due to violence, accidental, homicidal, suicidal, or judicial. For further information regarding the causes of disease in the settlement, see the Abstract of Sanitary Sheets at the end of this section.

Burma.

69. Sickness in the Burma jails diminished, but mortality increased.

The increased mortality was chiefly due to cholera and bowel complaints.

Burma Jails.

YEAR.	Average annual strength.	RATIO PER MILLE.									
		Admissions.	Constantly sick.	DEATHS FROM							
				Cholera.	Remittent fever.	Dysentery.	Diarrhœa.	Respiratory diseases.	Phthisis pulmonalis.	Anæmia and Debility.	All causes.
1882—91 .	8,339	983	41	7·78	1·32	9·79	2·91	4·15*	2·58	3·26	42·09
1890 . .	11,289	1,004	38	1·68	1·68	6·38	3·19	3·37	2·39	1·77	28·26
1891 . .	11,444	896	35	4·54	1·84	4·98	2·80	4·02	2·18	·96	30·23
1892 . .	11,844	934	43	9·03	1·35	5·15	1·10	4·22	2·79	1·18	33·10
1893 . .	11,767	894	49	1·53	·85	4·50	1·27	2·80	3·57	·93	24·56
1894 . .	12,644	876	42	3·72	·87	5·46	1·90	2·61	3·24	·55	28·87

* From 1886.

The admission-rates from influenza, respiratory diseases, and ague were lowered. Ague caused 20 per cent. of the total sickness, abscess 14 per cent., and dysentery 11 per cent.

The mortality from cholera, remittent fever, dysentery, diarrhœa, and urinary diseases was raised. Dysentery caused 19 per cent. of the total deaths, cholera 13 per cent., and tubercle of the lungs 10 per cent.

The following, which should be read in connexion with the Abstract of Sanitary Sheets at the end of this section, shows the jails of not less than 100 strength where mortality was higher than the ratio for the administration of Burma, with the chief causes in each case:—

JAILS.	Average annual strength for 1894.	RATIO PER 1,000 OF STRENGTH.		CHIEF CAUSES OF MORTALITY PER 1,000 IN 1894.						Total number of deaths in 1894.
		1894.	1893.	Cholera.	Fevers.	Pneumonia.	Dysentery and Diarrhœa.	Tubercle of the lungs.	Anæmia and Debility.	
Akyab . . .	318	97·48	40·27	34·59	...	...	31·44	...	...	31
Kyaukpyu . .	165	78·79	14·49	54·55	...	6·06	...	...	12·12	13
Rangoon, Natives .	2,443	31·52	21·45	·41	2·87	4·50	4·09	2·46	·82	77
Insein . . .	2,011	29·34	20·17	...	2·48	1·49	8·46	4·48	·50	59
Moulmein . .	831	45·73	16·01	...	...	2·41	21·66	6·02	...	38
Tavoy . . .	110	36·36	...	...	...	...	9·09	...	...	4
Mandalay . .	1,000	31·00	34·12	19·00	...	3·00	1·00	4·00	1·00	31

70. The ratios shown in the following table demonstrate a considerable deterioration in the health of the prisoners of Assam, even though cholera mortality was absent for the first time for ten years:— **Assam.**

*Assam Jails.**

YEAR.	Average annual strength.	RATIO PER MILLE.									
		Admissions.	Constantly sick.	DEATHS FROM							
				Cholera.	Remittent fever.	Dysentery.	Diarrhœa.	Respiratory diseases.	Phthisis Pulmonalis.	Anæmia and Debility.	All causes.
1882—91 .	1,201	1,978	58	5·41	1·92	13·58	6·58	5·65†	1·00	4·08	48·06
1890 . .	1,211	1,834	50	1·65	1·65	8·26	4·13	6·61	·83	3·30	37·16
1891 . .	1,106	2,052	70	9·95	·90	19·89	11·75	7·23	·90	3·62	66·91
1892 . .	1,083	1,798	52	10·16	1·85	16·62	4·62	9·23	2·77	2·77	62·79
1893 . .	1,105	1,287	49	4·52	4·52	13·57	9·05	3·62	...	6·33	52·49
1894 . .	1,263	1,374	60	...	·79	13·46	11·88	3·17	1·58	7·13	57·01

* Excluding subsidiary jails. † From 1886.

The admission-rates from ague, urinary diseases, dysentery, diarrhœa, and debility were raised. Ague caused 45 per cent. of the total sickness, and dysentery and diarrhœa each 13 per cent.

The mortality from ague, heatstroke, pneumonia, diarrhœa, spleen diseases, and debility was raised. Dysentery caused 24 per cent. of the total deaths, diarrhœa 21 per cent., and ague 12 per cent.

Tezpur was the only jail of over 100 strength where mortality was higher than that of the administration. See also the Abstract of Sanitary Sheets.

JAILS.	Average annual strength for 1894.	DIED PER 1,000 OF STRENGTH.		CHIEF CAUSES OF MORTALITY PER 1,000 IN 1894.						Total number of deaths in 1894.
		1894.	1893.	Cholera.	Fevers.	Pneumonia.	Dysentery and Diarrhœa.	Tubercle of the lungs.	Anæmia and Debility.	
Tezpur . . .	287	86·81	121·95	...	6·94	...	45·14	...	13·89	25

71. The health of the prisoners of Bengal exhibited a great falling off. It is stated that in the earlier months of the year the rainfall was deficient, water-supply consequently **Bengal.**

scanty and polluted, and cholera outbreaks occurring; that there was excessively high temperature in May; and that the monsoon rains were unusually copious and prolonged, with consequent prevalence of fevers and bowel complaints. Influenza was also present, influencing the general health unfavourably.

Bengal Jails.

YEAR.	Average annual strength.	RATIO PER MILLE.									
		Admissions.	Constantly sick.	DEATHS FROM							
				Cholera.	Remittent Fever.	Dysentery.	Diarrhœa.	Respiratory diseases.	Phthisis pulmonalis.	Anæmia and Debility.	All causes.
1882-91 .	13,984	1,373	47	5·65	1·95	13·62	5·46	4·68*	3·58	2·21	46·14
1890 . .	13,973	1,209	40	2·22	1·50	8·37	2·22	5·23	2·72	2·00	32·99
1891 . .	15,069	1,134	39	3·58	1·66	6·97	1·92	5·44	2·26	1·39	31·39
1892 . .	16,339	1,122	40	4·04	1·35	9·73	1·53	5·81	2·63	1·41	37·09
1893 . .	16,890	995	37	1·18	1·18	11·01	1·66	4·20	4·44	·47	32·62
1894 . .	16,514	1,192	44	4·42	1·39	16·41	3·39	5·27	5·45	2·48	47·60

* From 1886.

The admission-rates from influenza, cholera, debility, entozoa, respiratory diseases, dysentery, and diarrhœa were raised. Ague caused 28 per cent. of the total sickness, dysentery 21 per cent., and diarrhœa 10 per cent.

The mortality from cholera, debility, malarial fevers, respiratory diseases, tubercle of the lungs, dysentery, and diarrhœa was increased. Dysentery caused 34 per cent. of the total deaths, and cholera and pneumonia each 9 per cent.

The following shows the jails of not less than 100 strength where mortality was higher than the ratio for the administration of Bengal, with the chief causes in each case:—

JAILS.	Average annual strength for 1894.	RATIO PER 1,000 OF STRENGTH.		CHIEF CAUSES OF MORTALITY PER 1,000 IN 1894.						Total number of deaths in 1894.
		1894.	1893.	Cholera.	Fevers.	Pneumonia.	Dysentery and Diarrhœa.	Tubercle of the lungs.	Anæmila and Debility.	
Burdwan . .	222	72.07	49·50	9·01	18·01	...	31·53	...	...	16
Purneah . .	155	58·06	45·45	...	...	19·35	12·90	...	19·35	9
Rangpur . .	133	52·63	37·59	...	...	7·52	37·60	...	...	7
Backergunge . .	432	50·93	43·48	2·31	6·94	...	20·83	...	6·94	22
Dacca . . .	1,124	54·27	26·61	2·67	...	2·67	19·57	3·56	16·01	61
Balasore . .	128	117·19	45·45	7·81	7·81	...	62·50	...	7·81	15
Midnapore . .	807	52·04	67·18	...	1·24	8·67	17·35	16·11	...	42
Suri . . .	168	47·62	32·89	...	...	...	29·76	...	...	8
Monghyr . .	299	50·17	13·56	10·03	...	3·34	26·75	3·34	3·34	15
Bhagalpur . .	1,302	47·62	19·06	...	3·84	...	26·12	4·61	·77	62
Chaibassa . .	151	264·90	40·00	125·83	6·62	19·87	92·71	...	6·62	40
Hazaribagh . .	560	71·43	40·75	...	3·75	1·79	35·72	21·43	...	40
Gaya . . .	425	70·59	39·56	47·06	...	...	14·12	...	2·35	30
Arrah . . .	250	60·00	46·41	5·00	...	...	40·00	4·00	...	15
Champarun . .	326	82·82	21·08	...	9·20	12·27	36·81	3·07	3·07	27
Muzaffarpur . .	400	50·00	46·67	...	2·50	7·50	10·00	5·00	15·00	20
Darbhanga . .	312	76·92	44·22	19·23	...	3·21	51·29	...	3·21	24
Chapra . .	294	91·84	28·37	...	...	10·20	74·83	...	...	27

A Committe appointed by the Bengal Government visited unhealthy jails, and submitted very full and detailed reports as to the causes of the unhealthiness and the measures necessary to remedy it.

North-Western Provinces and Oudh.

72. The health of the prisoners of the jails of the North-Western Provinces and Oudh was unusually bad. With regard to the free population, the Sanitary Commissioner says that, though 1893 had been the healthiest, 1894 was the most unhealthy year on record. The people suffered from scarcity. There was unusual rainfall in the spring, unusual heat in the summer, heavy and prolonged monsoon rainfall, an unusual amount of rain in November and December. In the early part of the year influenza was prevalent in several districts. No district escaped cholera.

North-Western Provinces and Oudh Jails.

YEAR.	Average annual strength.	RATIO PER MILLE.									
		Admissions.	Constantly sick.	DEATHS FROM							
				Cholera.	Remittent Fever.	Dysentery.	Diarrhœa.	Respiratory diseases.	Phthisis pulmonalis.	Anæmia and Debility.	All causes.
1882—91 .	22,617	727	29	1·67	·82	4·90	2·55	6·37†	1·83	2·01	25·62
1890 . .	25,047	927	36	2·32	·92	6·67	3·39	8·07	2·16	1·72	33·82
1891* . .	27,809	752	34	3·52	·83	4·78	2·63	5·79	2·27	1·83	27·83
1892* . .	27,213	910	41	1·47	·55	4·37	1·76	5·59	2·13	2·46	29·07
1893* . .	26,286	674	33	·04	·23	2·97	1·03	4·95	1·86	1·45	17·23
1894* . .	27,735	847	43	3·32	·61	6·38	2·88	6·02	2·38	2·38	32·16

* Excluding subsidiary jails. † From 1886.

The admission ratios from influenza, cholera, dysentery, diarrhœa, debility, and ague were raised. Ague caused 30 per cent. of the total sickness, abscess 9 per cent., and dysentery 8 per cent.

The mortality from cholera, dysentery, diarrhœa, malarial fevers, and debility was raised. Dysentery caused 20 per cent. of the total deaths, pneumonia 14 per cent., and cholera 10 per cent.

The following are the jails of not less than 100 strength where mortality was higher than the ratio for the administration of the North-Western Provinces and Oudh, with the chief causes in each case:—

JAILS.	Average annual strength for 1894.	RATIO PER 1,000 OF STRENGTH.		CHIEF CAUSES OF MORTALITY PER 1,000 IN 1894.						Total number of deaths in 1894.
		1894.	1893.	Cholera.	Fevers.	Pneumonia.	Dysentery and Diarrhœa.	Tubercle of the lungs.	Anæmia and Debility.	
Ghazipur . .	558	55·56	12·82	...	1·79	8·96	16·13	...	3·58	31
Benares, District .	419	50·12	28·72	9·55	2·39	...	9·55	2·39	9·55	21
Mirzapur . .	280	82·14	35·87	...	...	21·43	17·86	...	3·57	23
Jaunpur . .	289	34·60	18·72	..	...	...	17·30	3·46	3·46	10
Gorakhpur . .	1,216	87·17	37·77	31·25	·82	9·05	23·03	3·29	...	106
Basti . . .	367	35·42	13·75	...	5·45	5·45	24·52	...	...	13
Gonda . . .	020	79·03	21·63	...	29·03	6·45	16·13	...	17·74	49
Bahraich . .	411	51·09	6·19	...	4·87	9·73	21·90	...	...	21
Fyzabad . .	627	44·66	26·88	...	...	7·97	12·76	3·19	12·76	28
Kheri . . .	254	39·37	8·37	...	3·94	31·50	3·94	...	...	10
Hamirpur . .	152	46·05	17·65	...	...	19·74	13·16	...	6·58	7
Fatehgarh, Central.	1,814	36·93	10·24	19·85	1·65	1·10	6·61	1·65	...	67
Cawnpore . .	387	41·34	4·96	2·58	...	7·75	10·33	...	10·34	16
Fatehpur . .	310	38 71	10·64	...	3·23	16·13	6·45	...	...	12
Banda . . .	307	104·23	50·19	6·51	6·51	13·03	52·12	...	...	32
Bareilly, District .	678	33·92	4·62	...	...	13·27	11·80	...	...	23
Moradabad . .	323	43·34	29·15	...	...	...	37·16	...	...	14
Agra, Central .	1,920	32·29	21·14	·52	...	2·60	8·86	8·85	3·12	62
Jhansi . . .	232	38·79	9·66	...	...	8·62	4·31	...	...	9

Punjab.

73. Though the admission-rate increased among the prisoners of the Punjab, the constantly sick rate did not rise, and there was a great reduction in mortality, which Surgeon-Lt.-Col. Bate, the Inspector-General of Prisons, ascribes to the free use of quinine and cinchonidine as prophylactics during the unhealthy months. In some districts there was increased malarial fever among the free population from floods or rain, and in some there was mild influenza.

Punjab Jails.

Year.	Average annual strength.	Ratio per mille.									
		Admissions.	Constantly sick.	Deaths from							
				Cholera.	Remittent Fever.	Dysentery.	Diarrhœa.	Respiratory diseases.	Phthisis pulmonalis.	Anæmia and Debility.	All causes.
1882—91* .	11,935	1,370	33	1·29	1·52	4·15	3·46	11·50†	1·58	1·05	31·91
1890* . .	12,434	1,935	47	·40	·97	5·39	1·69	13·03	1·93	·40	31·29
1891* . .	11,292	1,742	40	·98	2·03	3·42	1·30	10·17	1·79	·49	28·31
1892* . .	12,696	2,198	47	2·28	·79	3·70	1·97	13·00	2·13	·47	30·56
1893* . .	12,444	1,576	40	...	·96	3·38	1·21	11·33	2·49	...	26·60
1894* . .	11,308	1,754	40	...	·80	2·92	·97	6·54	1·86	·27	18·66

* Excluding subsidiary jails. † From 1886.

The admission-rates from influenza, malarial fevers, debility, diarrhœa, and dysentery were raised. Ague caused 51 per cent. of the total sickness, abscess 11 per cent., and diarrhœa 8 per cent.

The mortality from malarial fevers, pneumonia and other respiratory diseases, tubercle of the lungs, dysentery, and diarrhœa fell, and there were no deaths from cholera. Pneumonia caused 30 per cent. of the total deaths, dysentery 16 per cent., and tubercle of the lungs 8 per cent.

The jails of not less than 100 strength where mortality was higher than the ratio for the administration of the Punjab, with the chief causes in each case, were :—

Jails.	Average annual strength for 1894.	Ratio per 1,000 of strength.		Chief Causes of Mortality per 1,000 in 1894.						Total number of deaths in 1894.
		1894.	1893.	Cholera.	Fevers.	Pneumonia.	Dysentery and Diarrhœa.	Tubercle of the lungs.	Anæmia and Debility.	
Delhi . . .	449	20·04	25·00	...	...	8·91	2·23	...	...	9
Jullundur . .	273	21·98	14·04	...	...	10·99	7·33	3·66	...	6
Amritsar . .	237	37·97	71·11	...	12·66	...	12·66	...	...	9
Lahore, Central .	1,259	35·74	20·55	...	·79	11·12	9·53	3·97	...	45
„ District .	421	23·75	46·76	...	...	9·50	9·50	2·38	...	10
„ Female .	196	20·41	22·10	...	...	...	15·30	...	...	4
Gujarat. . .	107	18·69	7·46	...	...	...	9·35	...	...	2
Mooltan, Central .	653	29·10	49·04	...	1·53	13·78	3·06	4·59	...	19
„ District .	534	33·71	32·97	...	...	14·98	7·50	...	...	18
Peshawar . .	362	22·10	100·76	...	5·52	2·76	2·76	...	...	8
Dharmsala . .	106	18·87	8·13	...	9·43	...	...	...	...	2

Bombay.

74. Among the prisoners of Bombay sickness was somewhat, and mortality much, increased. The large increase in the mortality from respiratory diseases is specially noticeable. Eleven out of the nineteen prisons were overcrowded throughout the year.

Bombay Jails.

YEAR.	Average annual strength.	RATIO PER MILLE.									
		Admissions.	Constantly sick.	DEATHS FROM							
				Cholera.	Remittent fever.	Dysentery.	Diarrhœa.	Respiratory diseases.	Phthisis pulmonalis.	Anæmia and Debility.	All causes.
1882—91 .	6,916	698	25	1·43	2·62	3·15	3·76	8·51†	1·55	2·07	31·18
1890* . .	7,284	861	29	·55	2·47	4·12	3·84	10·03	1·78	2·61	32·81
1891* . .	7,265	691	27	·41	2·89	2·48	2·48	14·32	2·06	1·65	33·45
1892* . .	7,266	813	31	·96	2·89	4·40	4·54	11·15	1·10	3·85	37·43
1893* . .	7,294	819	30	2·88	·96	2·06	2·88	6·58	2·19	1·78	25·64
1894* . .	7,256	828	31	1·38	·83	2·76	3·17	13·09	2·48	1·93	33·21

* Excluding subsidiary jails. † From 1886.

The admission-rates from influenza, scurvy, tubercle of the lungs, pneumonia, other respiratory diseases, dysentery, diarrhœa, and debility were raised. Ague caused 38 per cent. of the total sickness, diarrhœa 8 per cent., and respiratory diseases 10 per cent.

The mortality from pneumonia, other respiratory diseases, scurvy, debility, dysentery, and diarrhœa rose. Pneumonia caused 31 per cent. of the total deaths, diarrhœa 18 per cent., and respiratory diseases other than pneumonia 15 per cent.

The following, which should be read in connexion with the Abstract of Sanitary Sheets at the end of this section, shows the jails of not less than 100 strength where mortality was higher than the ratio for the administration of Bombay, with the chief causes in each case :—

JAILS.	Average annual strength for 1894.	RATIO PER 1,000 OF STRENGTH.		CHIEF CAUSES OF MORTALITY PER 1,000 IN 1894.						Total number of deaths in 1894.
		1894.	1893.	Cholera.	Fevers.	Pneumonia.	Dysentery and Diarrhœa.	Tubercle of the lungs.	Anæmia and Debility.	
Kurrachee . .	353	42·49	36·79	...	...	28·33	2·83	...	2·83	15
Shikarpur . .	483	49·69	32·45	...	...	33·13	4·14	...	...	24
Ahmedabad . .	482	39·42	25·86	...	...	12·45	2·07	...	4·15	19
Kaira . . .	176	113·64	123·08	...	...	51·14	39·77	...	5·68	20
Dhuliakot . .	194	46·39	31·75	...	...	...	15·46	...	5·15	9
Surat . . .	210	52·38	65·22	19·05	4·76	4·76	14·28	...	9·52	11
Bijapur, District .	278	35·97	13·51	...	7·19	3·60	7·20	...	...	10
Thana . . .	742	47·17	23·32	2·70	6·74	2·70	10·79	1·35	2·70	35

Berar.

75. The increase of admissions in the Berar jails is explained by the Inspector-General as being due, first, to a real increase in the amount of sickness; secondly, to the effect of orders requiring out-patients if treated for more than 24 hours to

be brought on to the sick returns ; thirdly, to misunderstanding of these orders in the Akola jail, where admissions were registered in cases in which prisoners had a dose of lime juice and went back to their usual work.

Berar Jails.

YEAR.	Average annual strength.	RATIO PER MILLE.									
		Admissions.	Constantly sick.	DEATHS FROM							
				Cholera.	Remittent Fever.	Dysentery.	Diarrhœa.	Respiratory diseases.	Phthisis pulmonalis.	Anæmia and Debility.	All causes.
1882—91 .	1,048	571	14	·86	1·34	·76	1·14	2·59†	1·43	·57	14·21
1890* . .	991	680	21	...	...	3·03	...	2·02	1·01	...	18·16
1891* . .	1,063	438	14	...	...	·94	·94	1·88	...	1·88	11·29
1892* . .	1,223	576	16	...	...	3·27	·82	2·44	·82	...	17·17
1893* . .	1,357	861	28	...	...	2·21	·74	14·00	·74	2·21	28·00
1894* . .	1,367	1,326	50	...	·73	3·66	1·46	11·70	1·46	·73	27·80

* Excluding subsidiary jails. † From 1886.

Ague caused 28 per cent. of the total sickness, scurvy 14 per cent., and influenza 8 per cent.

The mortality from remittent fever, scurvy, dysentery, and diarrhœa rose. Pneumonia caused 26 per cent. of the total deaths, other respiratory diseases 21 per cent., and dysentery and scurvy each 13 per cent.

The death ratio of Akola was above that of the administration. See also the Abstract of Sanitary Sheets.

JAILS.	Average annual strength for 1894.	RATIO PER 1,000 OF STRENGTH.		CHIEF CAUSES OF MORTALITY PER 1,000 IN 1894.						Total number of deaths in 1894.
		1894.	1893.	Cholera.	Fevers.	Pneumonia.	Dysentery and Diarrhœa.	Tubercle of the lungs.	Anæmia and Debility.	
Akola . . .	528	37·88	33·39	...	...	9·47	1·89	...	1·89	20

76. The health of the prisoners of the Central Provinces was bad. The year was an unhealthy one for the free population. Influenza was prevalent in several of the districts in a severe and fatal form, high prices were almost universal, and the physical condition of prisoners on admission into jail was unusually poor.

Central Provinces.

Central Provinces Jails.

YEAR.	Average annual strength.	RATIO PER MILLE.									
		Admissions.	Constantly sick.	DEATHS FROM							
				Cholera.	Remittent Fever.	Dysentery.	Diarrhœa.	Respiratory diseases.	Phthisis pulmonalis.	Anæmia and Debility.	All causes.
1882—91 .	3,998	954	33	5·15	1·65	12·73	11·88	5·91	1·15	5·10	52·87
1890 . .	4,152	1,017	31	...	·67	6·06	1·80	6·52	1·35	2·92	26 06
1891 . .	4,675	791	28	...	1·07	5·99	4·28	7·28	1·93	1·28	30·37
1892 . .	4,716	951	31	9·75	·64	10·81	2·12	5·73	1·70	3·39	44·95
1893 . .	4,419	803	28	·23	·68	3·62	1·36	3·17	2·26	1·81	19·01
1894 . .	4,503	951	34	·44	·44	6·44	3·55	6·00	2·67	1·33	31·76

The admission-rates from influenza, small pox, scurvy, simple continued fever, and ague were raised. Ague caused 35 per cent. of the total sickness, and influenza 9 per cent.

The mortality from cholera, scurvy, dysentery, diarrhœa, pneumonia, and other respiratory diseases rose. Dysentery caused 20 per cent. of the total deaths, and pneumonia and other respiratory diseases each 13 per cent.

The following are the jails of not less than 100 strength where mortality was higher than the ratio for the administration of the Central Provinces, with the chief causes in each case :—

Jails.	Average annual strength for 1894	Ratio per 1,000 of strength.		Chief Causes of Mortality per 1,000 in 1894.						Total number of deaths in 1894.
		1894.	1893.	Cholera.	Fevers.	Pneumonia.	Dysentery and Diarrhœa.	Tubercle of the lungs.	Anæmia and Debility.	
Saugor . .	165	60·61	34·01	...	...	12·12	12·12	...	12·12	10
Sambalpur . .	146	54·79	31·41	13·70	...	...	27·40	...	...	8
Seoni . . .	106	56·60	15·38	...	...	...	28·30	...	...	6
Narsinghpur . .	123	73·17	41·24	...	...	...	32·52	...	...	9
Hoshangabad .	129	85·27	24·00	...	...	7·75	54·27	...	...	11
Nagpur . .	989	33·37	19·49	...	3·03	3·03	6·06	2·02	1·01	33

77. Among the prisoners of Madras sickness increased, but mortality sank, the ratio being the lowest since 1886.

Madras.

Madras Jails.

Year.	Average annual strength.	Ratio per mille.									
		Admissions.	Constantly sick.	Deaths from							
				Cholera.	Remittent Fever.	Dysentery.	Diarrhœa.	Respiratory diseases.	Phthisis pulmonalis.	Anæmia and Debility.	All causes.
1882—91 .	7,333	748	27	3·44	·42	4·35	5·50	2·63†	1·62	2·73	28·79
1890* . .	7,702	810	28	2·60	·26	3·64	3·90	3·77	1·43	3·12	25·32
1891* . .	8,313	687	24	9·86	1·76	5·05	5·89	3·01	1·32	2·53	38·25
1892* . .	9,297	814	29	19·58	·22	10·54	3·33	2·69	2·58	1·61	51·20
1893* . .	9,086	598	24	1·98	·11	3·63	2·09	2·86	2·53	3·85	24·65
1894* . .	8,556	735	27	1·05	1·05	3·74	1·29	3·27	2·33	1·40	20·45

* Excluding subsidiary jails. † From 1886.

The admission-rates from influenza and malarial fevers increased. Ague caused 22 per cent. of the total sickness, and dysentery 8 per cent.

The mortality from debility, slough, cholera, dysentery, and pneumonia sank. Dysentery caused 18 per cent. of the total deaths, pneumonia 14 per cent., and tubercle of the lungs 9 per cent.

The jails of not less than 100 strength where mortality was higher than the ratio for the administration of Madras, with the chief causes in each case, were :—

JAILS.	Average annual strength for 1894.	RATIO PER 1,000 OF STRENGTH.		CHIEF CAUSES OF MORTALITY PER 1,000 IN 1894.						Total number of deaths in 1894.
		1894.	1893.	Cholera.	Fevers.	Pneumonia.	Dysentery and Diarrhœa.	Tubercle of the lungs.	Anæmia and Debility.	
Cannanore	730	26·03	76·63	...	4·11	2·74	2·74	1·37	1·37	19
Bellary	354	31·07	23·53	...	2·82	8·47	2·82	2·82	...	11
Cuddapah	189	42·33	59·11	...	15·87	15·87	...	...	...	8
Madura	379	26·39	23·20	...	...	5·28	7·92	2·64	...	10
Palamcottah	354	28·25	10·99	...	...	2·82	...	5·65	11·30	10
Vizagapatam	193	20·73	11·43	...	5·18	...	5·18	5·18	...	4
Parvatipur	214	126·17	17·54	...	9·35	...	88·79	...	18·69	27

Geographical Groups.

78. The next table institutes a comparison between the geographical groups, and between the present of any group and its past.

		RATIO PER 1,000 OF AVERAGE STRENGTH.												
		I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	
		Burma Coast and Bay Islands.	Burma Inland.	Assam.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalayan.	Indus Valley and North-Western Rajputana.	South-Eastern Rajputana, Central India and Gujarat.	Deccan.	Western Coast.	Southern India.	Hills.	India.
1882-91	Constantly sick	53·7	44·1	56·6	51·0	28·5	35·2	29·4	26·7	29·6	29·0	25·0	48·6	37·7
	Deaths—Cholera	3·00	5·27	5·59	5·06	3·19	1·46	·09	1·71	3·50	·72	3·89	1·66	2·91
	Deaths—Dysentery	7·01	5·88	13·37	14·48	6·78	5·05	2·62	2·79	7·51	4·73	3·87	9·05	6·84
1893	Constantly sick	54·9	32·7	49·2	39·2	33·1	35·1	35·4	32·9	32·9	29·8	22·6	31·1	37·3
	Deaths—Cholera	·27	3·08	4·73	1·19	·34	...	...	3·41	·81	·41	2·26	...	·83
	Deaths—Dysentery	5·81	6·17	14·19	10·16	5·80	2·35	3·81	2·44	2·53	7·87	2·26	4·05	5·12
1894	Constantly sick	51·7	31·8	61·1	42·9	45·2	39·2	33·1	34·1	38·0	36·5	24·3	30·5	41·4
	Deaths—Cholera	1·23	5·57	...	2·08	5·71	·08	...	1·18	·58	1·27	1·21	...	2·29
	Deaths—Dysentery	5·97	2·79	13·21	11·75	11·63	3·65	1·91	5·17	4·38	3·40	1·75	23·84	6·95

In agreement with the decennial averages, Assam had the highest constantly sick rate, and Southern India the lowest. The high mortality from dysentery in the Hills in 1894 is remarkable. The highness of the ratio is due to a sharp outbreak with 16 deaths in the small Madras hill jail of Parvatipur.

In Table XIV the statistics of the geographical groups as regards prisoners in 1894 have been placed side by side for comparison. Burma Coast had the highest admission ratio from remittent fever, and the lowest from pneumonia; Assam the highest from diarrhœa and debility; Bengal-Orissa the highest from simple continued fever and dysentery; Gangetic Plain the highest from cholera; Upper Sub-Himalayan the highest from ague and from all causes; Indus valley the highest from pneumonia and other respiratory diseases; Central India the highest from tubercle of the lungs, and the lowest from dysentery and diarrhœa; the Deccan the highest from influenza and scurvy; and Southern India the highest from guinea-worm.

In the decennial averages the same provinces had the highest ratios for remittent fever, diarrhœa, dysentery, ague, respiratory diseases, and guinea-worm respectively as in the year 1894. This distribution of disease may therefore be regarded as usual.

Principal diseases.

79. The sickness and mortality in India as a whole, in the various administrations, in some individual jails, and in the geographical groups having been studied, it now remains to notice a few of the more important diseases which affected the prisoners.

Scurvy

80. In the year under review there was a great increase in the amount of scurvy returned, as compared with the preceding year. The most decided increase was in the Central Provinces, Berar, and Bengal.

Scurvy.

YEARS.	ANDAMANS.		BURMA.		ASSAM.		BENGAL.		N.-W. PROVINCES AND OUDH.		PUNJAB.		BOMBAY.		BERAR.		CENTRAL PROVINCES.		MADRAS.	
	Number of jails affected.	Number of cases.	Number of jails affected.	Number of cases.	Number of jails affected.	Number of cases.	Number of jails affected.	Number of cases.	Number of jails affected.	Number of cases.	Number of jails affected.	Number of cases.	Number of jails affected.	Number of cases.	Number of jails affected.	Number of cases.	Number of jails affected.	Number of cases.	Number of jails affected.	Number of cases.
1882-91 .	...	65	...	496	...	161	...	421	...	193	...	392	...	238	...	15	...	428	...	44
1893 .	1	2	1	40	1	1	9	90	4	6	10	26	2	8	2	95	4	37	...	...
1894 .	...	...	4	45	...	...	15	123	2	3	7	13	8	31	1	251	6	209	1	1

Out of the whole number of cases 37 per cent. occurred in Berar, 31 per cent. in the Central Provinces, and 18 per cent. in Bengal. Again, 37 per cent. occurred in the Akola jail, and 29 per cent. in the Nagpur jail. (See para. 75.)

Beri-Beri.

81. There were 111 cases returned as Beri-Beri, with 11 deaths, most of them in the Presidency Jail, Calcutta; but the differential diagnosis of this affection is not yet in a very advanced condition. Inquiries are being made into the pathology of this and of the equally obscure "*kala azar*" in Assam, but as yet without any very definite results.

Tubercle of the lungs.

82. The following table compares the various jail administrations in respect of admission from tubercle of the lungs:—

Tubercle of the lungs.

ADMINISTRATIONS.	Andamans.	Burma.	Assam.	Bengal.	North-Western Provinces and Oudh.	Punjab.	Bombay.	Berar.	Central Provinces.	Madras.
Admitted per 1,000 of strength	...	5·6	·8	7·4	3·9	3·2	1·1	...	·7	4·9
Percentage in total admissions .	...	·60	·06	·62	·46	·18	·13	...	·07	·67

Bengal had, as usual, the highest ratio. For phthisis pulmonalis, which includes also pneumonic phthisis and hæmoptysis, the ratios were all considerably higher than for tubercle alone. That for the Andamans was 3·5, that for Berar 2·9, that for Assam 2·4 and that for the Central Provinces 4·9. It is probable that many cases which ought to be returned as tubercle are given as pneumonic phthisis. In the case of some jails it is mentioned that influenza exercised an unfavourable influence in respect of tubercle of the lungs.

Pneumonia.

83. With the increase of influenza there was a rise in the pneumonia death-rate, though not in the admission-rate, as compared with the preceding year. In Table XV it may be seen that Bombay and Berar had the highest death ratios; and in Table XIV that the Indus Valley had the highest death ratio, as usual. The Inspector-General of Prisons, Punjab, says:—

> Pneumonia, though far less prevalent among the prison population than it was, is still too much so in some jails. It occurs in the presence of insanitary surroundings, and I have no doubt that it will disappear from our jails when their hygienic condition is all that it ought to be. Much has, however, been already done to remedy the defects to which the disease is due, and a still further advance will be made as funds become available for the purpose.

Of the Shikarpur Jail the Inspector-General of Prisons, Bombay, writes—

> Sixteen deaths were caused by pneumonia, and ten of this number occurred during the month of February. Some minor improvements in the ventilation of the sleeping barracks have been carried out in this prison, which, as Government are aware, has during past years borne an evil reputation by reason of the periodical outbreaks of pneumonia with which it has been visited. The opening of the Hyderabad Central Prison will in future altogether prevent overcrowding in the Shikarpur Jail, and this should tend to reduce the number—relative as well as absolute—of pneumonia cases occurring in the Shikarpur Jail in the cold-weather months, so long as it is occupied.

Cerebro-spinal fever.

84. Jaeger (*Zeitschrift für Hygiene**) shows that epidemic cerebro-spinal meningitis, as distinguished from sporadic cases occurring in association with pneumonia, etc., is due to the *Tetracoccus intracellularis*; and that the disease is spread by means of the nasal secretion, in which, even when dried, the coccus is found in a virulent condition. There were only 4 cases with 4 deaths against 15 cases with 10 deaths in the previous year. One case each occurred at Alipore, Ferozepore, Rawalpindi, and Nagpur.

Typhus and relapsing fevers.

85. There were no cases of typhus or relapsing fever among the prisoners of India during the year; though typhus was present in the free population of part of the Punjab.

Enteric fever.

86. Throughout the jails of India there were returned 36 admissions from enteric fever with 13 deaths, the numbers in the preceding year having been 32 and 16. The jails which returned cases were—

	Admissions.	Deaths.
Bassein	1	1
Insein	3	2
Shwegyin	6	...
Thayetmyo	1	1
Myingyan	1	1
Burdwan	2	2
Noakhali	1	...
Naya Dumka	1	1
Fatehgarh, Central	8	2
Fatehpur	1	...
Jullundur	1	...
Lahore, Central	1	...
Chinawan	3	1
Dharmsala	3	1
Sambalpur	1	...
Nagpur	1	1
Dharwar	1	...
	36	13

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* For 1895, Vol. XIX, page 351. See also *Centralblatt für Bakteriologie* for 1895, Vol. XVII, page 433.

The Inspector-General of Prisons remarks that the source of the malady in the abovenamed jails of Burma remains unknown. The descriptions of the *post-mortem* appearances are fairly typical, except in the case of Myingyan and Naya Dumka. The record of the Myingyan case is meagre: the case at Naya Dumka was returned as typho-malarial fever, and there was no thickening or ulceration of the patches or follicles. The remarks made in Section III of this report regarding the supposed immunity of natives from enteric fever may be consulted.

Erysipelas. Mumps.

87. In all 112 cases of erysipelas occurred in the jails of India, against 120 in the preceding year; 53 in the Punjab, the greatest number in any one jail being 8 at Peshawar.

Year by year a large number of cases of mumps is returned from the jails of India. During the year under review there were 1,085 against 594 in the previous year. In Burma occurred 457, and in the North-Western Provinces and Oudh 423; the highest numbers in individual jails being 188 at Insein, 171 at Allahabad (Central), 125 at Thayetmyo, and 119 at Bassein.

Abscess, Ulcer and boil. Slough and phagedæna.

88. The highest ratios of admission from abscess, etc., were those of Lahore (District), Quetta, Rawalpindi, Dera Ghazi Khan, and Shwebo. There were only 3 deaths from slough or phagedæna over all the jails of India.

Influenza.

89. The following table shows the progress of the influenza epidemic from its first outburst in 1890:—

YEARS.	NUMBER OF ADMISSIONS INTO HOSPITAL IN EACH MONTH.												TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
1890	1	16	377	3,817	2,341	796	232	6	1	...	1	1	7,589
1891	3	152	91	19	32	119	459	285	266	72	32	388	1,918
1892	539	806	2,947	1,059	223	89	60	65	38	12	7	6	5,851
1893	9	38	109	114	106	47	12	11	34	58	76	36	650
1894	733	545	758	1,415	513	28	5	1	19	42	59	63	4,181
TOTAL	1,285	1,557	4,282	6,424	3,215	1,079	768	368	358	184	175	494	20,189

Except that Burma Inland was not affected in 1894, and the Hills in 1893, the nine geographical groups attacked were the same in both years. Of the 28 jails attacked in 1893 twenty were again attacked in 1894, but in the latter year 67 jails in all were affected. The incidence of the disease may be studied in Table XIX. The greatest numbers of cases occurred in Port Blair, Bhagalpur, and Vellore; and the highest ratios in Bhagalpur, Kheri, and Sitapur. In the table it will be seen that in some jails the outbreak was short and compact, in others long drawn out; and that the autumn recrudescence was almost quite confined to the Gangetic Plain group.

The Inspector-General of Prisons, Bengal, says—

> In considering the mortality in jails in recent years it must be remembered that influenza, a potent cause of present sickness and after depression of vitality, has been with us for some five years, whereas previous to this it was unknown to the present generation. The direct mortality from this cause is not great, but it has a weighty and long-continued influence in the general lowering of the standard of health and weight, and in hastening the issue of other diseases, such as tubercle of the lungs. Many of the fatal cases of pneumonia are the direct sequelæ of severe attacks of this disease. In the Bhagalpur Jail it has been present every year since 1890. The smaller jails have also suffered severely, and it is impossible to disregard the disease as a factor in increased sickness and mortality.

Cholera.

90. There was a great increase of both admission and mortality from cholera; the admissions rising from 167 in 1893 to 375, the admission ratio from 1·6 to 3·7, the deaths from 84 to 233, and the death ratio from 0·83 to 2·29. The incidence of the disease may be studied in Table XX. The increase was chiefly in the Gangetic Plain, and in the administrations of Bengal and the North-Western Provinces. There was no cholera in the Indus Valley or in the Hills (Table XIV); there was none in the Punjab or Berar, no deaths from it in Assam, and, as usual, the Andamans enjoyed complete immunity (Table XV). For the decennium the Indus Valley had the lowest ratio among geographical groups, and Berar the lowest among administrations, except that the Andamans were completely exempt. The month of maximum prevalence in 1894 was August, but in no month were the jails of India complètely free from the disease. The most severe outbreaks were those at Fatehgarh, Gorakhpur, Chaibassa, Gaya, and Mandalay. The circumstances attending some of the chief outbreaks will be discussed in Section VI.

The Inspector-General of Prisons, Bombay, writes—

> The Ahmedabad City Prison during the four calendar years 1887-90,—and in every one of those four years the disease made its appearance in the prison,—produced 24 cases of cholera among its prisoners. The City Prison used to derive its water-supply from a shallow well sunk in the bed of the Sabarmati river close to the left bank of the stream, and immediately abreast of the prison. On the 1st of September 1891 the City Prison commenced to derive its water-supply from the then new municipal wells sunk in the bed of the Sabarmati, some distance above the city of Ahmedabad, the old source of supply being finally closed on the abovenamed date. Between that date and the 31st of last December, when the prison was finally vacated, *i.e.*, during a period of three years and four months, its population was absolutely free from cholera.

It was found in the Gaya Jail by Messrs. Haffkine, Simpson, and Macrae that some of a series of specimens of pure milk exposed in open vessels contained comma bacilli after being visited by flies that had been in contact with cholera stools.

Dysentery and Diarrhœa.

91. The ratios for India both of admission and of death from dysentery and from diarrhœa rose. In Table XIV the geographical groups may be compared in respect of these diseases in 1894, and in Table XV the administrations may be similarly compared. In the small tables in paragraphs 65-77 of this section will be found the comparison of 1894 with preceding years for each administration and for India as regards mortality from these complaints; and in the table in paragraph 78 a similar comparison as regard dysentery for the geographical groups.

Guinea-worm.

92. The following table shows the distribution of guinea-worm in the various geographical groups of the jails of India:—

Admissions from Guinea-worm, 1894.

GROUPS.	Burma Coast and Bay Islands.	Burma Inland.	Assam.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalayan.	Indus Valley and North-Western Rajputana.	South-Eastern Rajputana, Central India, and Gujarat.	Deccan.	Western Coast.	Southern India.	Hills.	India.
Total cases .	2	...	...	...	...	50	69	15	91	36	154	...	417
Percentage of distribution . .	·5	...	...	..	...	12·0	16·5	3·6	21·8	8·6	36·9	...	100·0
Total cases, 1882-91.	32	...	1	1	23	405	534	269	948	288	989	20	3,511

Cases were most frequent in Southern India and the Deccan. Table XIV shows that the groups with the highest ratios per mille of strength were Southern India, Western Coast, Indus Valley, and the Deccan ; all of which had high ratios also for the decennium. The administrations (Table XV) with the highest ratios were Madras, Bombay, Berar, and the Punjab.

Dochmius duodenalis.

93. During the year 53 cases with 12 deaths were returned as due to the parasite *Dochmius duodenalis*. Of these cases 43 with 9 deaths occurred in the Gorakhpur Jail, and 7 with 1 death in the Nowgong (Assam) Jail. Researches as to the prevalence of the parasite in the healthy and the sick inhabitants of various parts of India are being continued by Surgeon-Major Dobson and others.

Mortality of prisoners and of troops compared.

94. A table is, as usual, here given to compare the mortality of prisoners in 1894 with that of soldiers. Taking the death-rate of European troops as unit, the death-rate of native troops will be represented by 0·7, and the death-rate of prisoners by 2. The mortality of prisoners was comparatively high as regards cholera, bowel complaints, spleen diseases, debility, respiratory diseases, and tubercle. Only from fevers was the European soldiers' mortality highest. The enormously greater liability of the prisoners to death from bowel complaints is well shown in the table. Among the prisoners over 30 per cent. of all the deaths were from bowel complaints, and 21 per cent. from respiratory diseases ; among the native troops 6 per cent. from bowel complaints and 34 per cent. from respiratory diseases ; and among the European troops 4 per cent. from bowel complaints and 6 per cent. from respiratory diseases. While the liability of the native soldiers to die from respiratory diseases was much less than that of the prisoners, yet these diseases made up a larger percentage of the total deaths among native soldiers than among prisoners. Again, fevers accounted for 40 per cent. of all the deaths among the European soldiers, 20 per cent. of all the deaths among the native soldiers, and 7 per cent. of all the deaths among the prisoners. Taking the mortality of the prisoners from fevers as 1, that of the native troops is nearly 1, and that of the European troops 3. Taking the mortality of the European troops from bowel complaints as 1, that of the native troops is 1, and that of the prisoners 15. Taking the mortality of the European troops from respiratory diseases as 1, that of the native troops is 4, and that of the prisoners 7. The chief cause of death among European troops was fevers, among native troops respiratory diseases, and among prisoners bowel complaints.

Mortality of prisoners compared with that of soldiers in 1894.

Causes of Death.	Died per 1,000 of average strength.			Relative liability in percentages.				Percentage in Deaths from all causes.		
	European troops	Native troops.	Jail population.	European troops.	Native troops.	Jail population.	Total = 100.	European troops.	Native troops.	Jail population.
Cholera	2·10	·56	2·29	42·42	11·31	46·26	100	13·0	5.2	7·2
Fevers	6·36	2·17	2·20	59·27	20·22	20·50	100	39·6	20·1	6·9
Bowel complaints	·66	·67	9·71	5·98	6·07	87·95	100	4·1	6·3	30·5
Spleen diseases	·01	·08	·21	3·33	26·67	70·00	100	·1	·7	·6
Anæmia and debility	...	·30	2·13	...	12·35	87·65	100	...	2·8	6·7
Respiratory diseases	·97	3·63	6·57	8·68	32·50	58·82	100	6·0	33·7	20·6
Tubercle of the lungs	·44	·48	1·89	15·66	17·08	67·26	100	2·7	4·4	5.9
All other causes	5·54	2·89	6·88	36·19	18·88	44·94	100	34·5	26·8	21·6
All Causes	16·07	10·76	31·87	27·38	18·33	54·29	100	100	100	100

Of course, for obvious reasons, too much must not be made of the comparison just instituted.

Effects of boiling drinking-water.

95. It has long been the custom in many jails to boil the drinking-water on the approach, or during the prevalence, of cholera,—in some provinces in accordance with standing official instructions, in others on the initiative of the medical officers. While this report has been in preparation during 1895 many experiments on the effect of boiling the drinking-water on the health of prisoners have been started; but in some cases the drinking-water has already been boiled as a matter of routine for a number of years past, quite independently of the presence or absence of cholera or of any unusual sickness; and the following, derived from returns called for by the Government of India, and from statistics compiled in this office, is a sketch of what has been done in this way, and of the results so far as they are known.

Andamans.—The circular letter of inquiry was not sent to the Andamans. From the Annual Reports it is gathered that since at least 1891-92, "barrel filters have been used at the principal stations and the water boiled."* Dysentery and ague rose in 1892, but fell in 1893 and 1894, along with an increase of diarrhœa. But the lowest ratios for dysentery and diarrhœa within the last six years were those of 1890.

Burma.—In the Minbu Jail boiling was resorted to regularly from February 1894. As compared with the ratios of the preceding four-year period, there was at Minbu in 1894 a decrease in ague, in dysentery, and in admissions from all causes, but an increase in cholera, in diarrhœa, and in deaths from all causes. In the period 1890—94, the year 1894 was the only one in which cholera appeared in the Minbu Jail. In Myingyan and Yamethin boiling was "used regularly"; but in the former it was more thorough from December 1894, and *chatty* filtration was then discontinued. If the ratios of these two jails for the period 1890—94 be compared with those of the other Burma jails for the same period, it will be found that cholera was more prevalent in the two jails than in the others, but ague, dysentery, and diarrhœa less prevalent. Sickness from all causes was less prevalent, but mortality higher.

Assam.—In the jails of Assam water appears to have been boiled *and filtered* since some time in 1892. A comparison of the ratios of the period 1892—94 with those of the period 1883—91 shows that the death-rate from cholera decreased, while mortality from fevers, bowel complaints and all causes increased. In the same period the death-rates from fevers, cholera, and all causes in the general population increased, while bowel complaints decreased.

Bengal.—"Since the year 1889 orders have been in force for the boiling of the drinking-water and milk supplied to prisoners in the jails of these provinces. With the exception of jails which draw their supplies from municipal mains, there is, I believe, only one jail—the Buxar Central Prison—which does not as a daily practice boil the drinking-water of the prisoners. The Buxar Jail obtains its water from the main stream of a large river." Compared with the rest of the administration for the period 1884—88, Buxar had favourable ratios for cholera and bowel complaints; and compared with the rest of the administration for the period 1890—94, it had favourable ratios for cholera, ague, dysentery, and diarrhœa. Again, in the period 1890—94 the ratios of those central jails which drew their supplies from municipal mains, compared with the ratios of central jails that boiled their water, were favourable in cholera and diarrhœa, and unfavourable in ague and in dysentery admissions. In 1890—94, as compared with 1884—88, the returns of the general population, such as they are, show an increase in cholera, fevers and all causes, and a decrease in bowel complaints.

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* At the Nicobars the water was boiled and filtered from 1887.

North-Western Provinces and Oudh.—Only in the Dehra Dun Jail has boiled water been regularly issued, and that since 1872. Over the period 1873—94 the ratios of that jail compare unfavourably with the rest of the administration in respect of cholera and bowel complaints, favourably in respect of ague; but the Dun is not a particularly malarious district.

Punjab.—"The water was boiled at Amritsar since 1890, at Umballa since the latter part of 1891, at Karnal since the first half of 1892, and at Ludhiana since the latter part of 1893." The ratios of Amritsar for the period 1890—94 compare unfavourably with those of the rest of the administration in ague, dysentery, and diarrhœa, favourably in cholera. The ratios of Amritsar *plus* Umballa for 1892—94 compare favourably in cholera, ague, dysentery and diarrhœa admissions, unfavourably in dysentery and diarrhœa deaths. The ratios of Amritsar *plus* Umballa *plus* Karnal for 1893-94, and those of Amritsar *plus* Umballa *plus* Karnal *plus* Ludhiana for 1894, compare favourably with the rest of the administration in diarrhœa, ague, and dysentery admissions, and unfavourably in ague and dysentery deaths; while cholera was absent from all the jails.

By order of the Lieutenant-Governor of the Punjab an experiment was begun in the end of 1893 by giving boiled water to half the prisoners in the Multan Central, and in the Lahore, Delhi and Dera Ismail Khan District Jails, and unboiled water to the other half. In reporting that those taking boiled water seemed to be more subject to diseases than those who used plain water as taken from the well, the Medical Officer of the Multan Central Prison says that if the difference was not accidental and due to the small number of men experimented on, it may have been the result of the prisoners, who did not like the flat and tepid boiled water, having resorted to forbidden sources. The Superintendent, Lahore District Jail, reports favourable results as to ague and dysentery, but agrees with the Multan Superintendent in emphasizing the difficulty of carrying out the experiment thoroughly. The Superintendent of the Delhi Jail says that those that had unboiled water suffered about twice as much from fever and five times as much from bowel complaints. The Inspector-General of Prisons points out that it is difficult to discriminate the amount of credit due to the boiling of the water, as there has been a gradual improvement in all points of sanitation, followed by a decrease in the sickness and mortality, and an improvement in the health among the prisoners in those jails that did not use boiled water as well as in those where the water was boiled; and notes that he considers the need for boiling the drinking-water in the jails of the Punjab to be quite exceptional.

Bombay.—Boiling has only been resorted to when the report of the Chemical Examiner has thrown suspicion on a water. This has been very rarely the case, and no sufficient statistics as to the effects of boiling are available; but, as far as bowel complaints go, the boiling did not produce any apparent results. The Inspector-General notices the danger of prisoners being driven by the unpalatability of the boiled water to resort to other sources.

Berar.—Boiled water has only been used once at Yeotmahl in 1895, and is considered to have been successful in checking the prevalence of dysentery.

Madras.—Water has not been boiled regularly, only when cholera was in the neighbourhood of a jail. In the Rajamundry and Parvatipur Jails water was boiled for two or three months in 1895, in consequence of the prevalence of bowel complaints. This measure "does not appear to have had any appreciable effect on the health of the prisoners."

Central Provinces.—Only in the case of the Sambalpur Jail has it been the practice "for years" to issue only boiled water: the water used afterwards to be filtered, but this has now been stopped. The ratios of Sambalpur for the period 1885—94 compare unfavourably with those of the administration as a whole in respect of cholera, of bowel complaints, and of deaths from ague favourably in respect of admissions from ague. The ratios of Sambalpur for the period 1890—94 compare unfavourably with those of the administration as a whole in cholera, dysentery, diarrhœa, and ague deaths, favourably in ague admissions. The medical officers at Bhandara and Narsingpur boiled the water for a short period in 1895 on account of the presence of cholera in the immediate neighbourhood of the jails, and no cases occurred in the jails. The medical officer of Bhandara considered the measure to have had a good effect as to bowel complaints, while the medical officer at Narsingpur states that it had no effect either on bowel complaints or on fevers.

The Medical Officer of the Bilaspur Jail notices the important point that the bathing water is not boiled, and that it is difficult to prevent the prisoners drinking it during bathing parades. It would be especially difficult if the prisoners disliked the boiled water.

The difficulty of re-aeration is the danger of contamination during the process.

It must be remembered that constant care is being given to the water-supply of jails, and that improvements are constantly introduced as funds permit. Special reference may be made to Bengal, where boiling the water in large boilers and distributing the cooled water by pipes and taps is only one of many large and well-considered measures that have been carried out. If health is better, due credit must be given to the other improvements of water-supply as well as to the boiling; and not only to improvements in water, but also to improvements in food, clothing, ventilation, conservancy and drainage, all of which points receive unremitting attention.

It is difficult to disentangle the effects of boiling the water from other circumstances of the environment, and further experience is required before any definite conclusion can be come to. If it be assumed that certain organisms cause certain diseases, and if it be assumed that these organisms are present in the drinking-water, it seems to stand to reason that boiling the water should be a valuable prophylactic, if thoroughly carried out.

96. A summary of the Jail Sanitary Sheets is appended for reference anent defects, improvements, etc., in relation to the health of the population of individual jails :—

Abstract of Sanitary Sheets.

JAILS.	Average strength.	PER MILLE.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
ANDAMANS.				
Port Blair . .	10,419	1,462·8	30·71	The quality of the rice and *dál* was very unsatisfactory, and a special committee recommended that a better quality should be supplied. The water-supply was not very satisfactory during the dry months. Recommendations for protection of tanks, deepening of wells and improvement of supply generally were made. The local causes of disease are climatic and exposure. The convicts are obliged to work at all seasons of the year in malarious jungles. Many of them also live in the jungles and undergo great exposure in the monsoon rains. A new hospital is being built on Viper Island in a well-ventilated site.
LOWER BURMA.				
Akyab . . .	318	905·7	97·48	Temporary sheds were erected to accommodate prisoners during the prevalence of cholera. These sheds were occupied from the 10th May to 8th June, the average number in the camp being 86. To isolate individual cases of cholera and smallpox there is a shed in the garden which was also used several times during the year. Difficulty is experienced in drying the prisoners' clothes after Saturday's wash. Sickness and mortality were principally due to dysentery and other bowel complaints, which become very rife during the rainy season. The habit of eating opium in excess undoubtedly assists in producing bowel diseases amongst the prisoners.
Kyaukpyu . .	165	630·3	78·79	Sickness and mortality due to the cholera epidemic. Recommended that the present temporary work-shed be replaced by a substantial one.
Sandoway . .	61	1,491·8	16·39	Overcrowding existed for about two months, when work-sheds had to be occupied at night. Long-continued use of opium, dirty habits before being admitted into the jail, as also the malarious nature of the district, account for the prevalence of disease amongst the prisoners.
Henzada . .	345	275·4	17·39	Slight overcrowding existed since July last, when workshop No. I was fitted up and used as a dormitory. However, this overcrowding was removed by the transfers made to other prisons. Sickness was principally due to climatic causes. Improvements were effected in wards 1 to 4 by the construction of weather shades.
Bassein . . .	1,104	632·2	17·21	Overcrowding, especially in the upper dormitories and in the under-trial wards, lasted throughout December. Sickness and mortality were due to climatic causes, to the previous habits of the prisoners, most of whom were addicted to the use of opium in one form or other, and to a bad or indifferent state of health before admission. The wooden palisading that subdivided the lower dormitories into four apartments was removed, so that each wing has two wards; and other improvements were effected.
Maubin . . .	324	194·4	27·78	Overcrowding in all the wards, except the female ward, lasted from 1st January to 18th May and from 16th June to 31st December. A temporary shed during the outbreak of cholera had to be erected. A sum of R1,200 has been sanctioned for drainage improvements, and the work will be taken in hand during next financial year. Sickness and mortality were due to climatic causes, and probably to the abuse of opium, to which almost all of the prisoners were addicted prior to their admission into the jail. The new hospital and the new female wards commenced in the last year were completed during the year. The Inspector-General of Prisons recommended some structural changes to the ground floor of the new hospital, and construction of a new under-trial ward and hospital, with the erection of cells.

JAILS.	Average strength.	PER MILLE.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Rangoon . .	2,443	1,508·8	31·52	The Public Works Department is building new drains; and a complete and efficient system of drainage, it is hoped, will be the result. Influenza was epidemic, but its cause cannot be ascertained. Weak lungs after influenza may account for the large number of deaths from tuberculous disease amongst the prisoners.
Insein . . .	2,011	894·6	29·34	The excess number of prisoners since June 1894, was accommodated in the enclosed corridors, and thus overcrowding was obviated. In some cases (specially in the cases of bathing trough and kitchen-drains, which are apt to become foul in dry and hot weather from the deposition of particles of organic matter in the earth at the bottom of the drain) masonry drains are required, for which estimates and plans have been submitted. The quality and quantity of water available from the wells are good and sufficient, but owing to defect in pumps there has been a difficulty in getting a liberal supply. This is, however, being remedied by fitting up the wells with pumps. Sickness and mortality were due chiefly to the bad or indifferent state of health in which the prisoners were admitted. The cases of mumps were undoubtedly due to some slight cases escaping detection, and so spreading the disease. The cause of dysentery, ague and remittent fever, was, it is thought, chiefly chill acting on persons who had previously suffered from those diseases. Many cases of tubercle of the lungs occurred among prisoners who in all probability contracted the disease before admission to jail. The following improvements were effected during the year:—(1) Pipes and a stand pipe-attached to the bathing and drinking troughs; (2) Waterspouts fixed in the roof of separate cells; (3) Skylight of corridor of separate cells improved and masonry end walls replaced by iron gratings to allow of more light and ventilation; (4) Sun-shades provided for the ventilators of the 30 solitary cells; (5) Masonry drains made from the central kitchen to the discharge drains of the bathing platforms; (6) Drains from hospital enclosure lowered so as to intercept rain water from the east side; (7) Masonry drains made from cells bathing trough to outer wall of jail; (8) A new pump fitted to well in hospital enclosure; (9) A well for paid warders sunk and completed; (10) Weather side of the hospital verandahs provided partially with glazed shutters (The work is in progress); (11) Donaldson's patent ejector fitted up and brought into use, with great advantage; (12) Many other minor improvements made. The following improvements have been recommended:—Garden well to be sunk and completed; a road round the jail; two new quarters for the jail subordinates; hospital for paid warders outside the jail; water to be laid on to jailor's and assistant jailor's quarters; cement floor to guard-room and jailor's quarters; sunshades for windows of jailor's quarters; two more wells in jail; messing shed for hospital patients; dry earth and conservancy shed near ejector; twelve cells for observation in hospital enclosure; water trough in each work yard; additional work sheds for from 350 to 400 prisoners. On Sunday parade every care is taken to pick out the sick and weakly, and to give them every opportunity of bringing their ailments to notice.
Moulmein . .	831	805·1	45·73	Ventilation defective owing to the faulty construction of the dormitories and lowness of the upper verandahs Surroundings unsatisfactory owing to the existence of a crowded and unhealthy locality in the immediate neighbourhood of the jail. The very heavy rainfall and the bad state of health in which many of the prisoners were received were the two chief causes of mortality. On the recommendation of the Surgeon-General with the Government of India (1) a high wall which separated the civil and under-trial enclosure from the main wards was lowered by 8 feet, so as to give free perflation of air; (2) a cowshed and some undergrowth behind the jail were removed.
Tavoy . . .	110	272·7	36·36	None.

Jails.	Average strength.	Per mille.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Mergui	28	1,178·6	...	Slight overcrowding lasted for about three months and a half at different parts of the year. The ground beneath the main and the civil wards and the kitchen floor was cemented.
Toungoo	365	356·2	13·70	Sickness and mortality were principally due to climatic causes. The drains were cemented, a new well was sunk, and Donaldson's ejector was brought into use.
Shwegyin	203	1,004·9	19·70	Overcrowding lasted almost throughout the year, and verandahs and one workshop were occupied at night. Ague and dysentery, the prevailing diseases, are due to climate, which is malarious; simple continued fever, rheumatism, catarrhal affections, etc., being due to alterations of temperature and humidity. No special cause can be assigned for the cases of enteric fever. The recommendations of the previous year will probably not be carried out, owing to the contemplated removal of the district head-quarters. Possibly the improvements effected in 1893 tended to better the health of the prisoners in 1894.
Thayetmyo	1,190	934·5	14·29	Sickness and mortality were due to climatic causes. In the cold weather fever and respiratory complaints prevailed; in the hot weather, conjunctivitis; in the wet weather, bowel complaints; at the close of the rains, mumps, boils, abscess, and ague. The mumps and conjunctivitis also spread through contagion and infection. Bathing-houses erected and water laid on. A *pucka* drain built outside the jail enclosure.
UPPER BURMA.				
Myingyan	945	522·8	22·22	Prisoners who cart water from the Irrawaddy lose weight, and, as these prisoners are so employed for a few months prior to their release, the percentage of prisoners losing weight on release is as high as 41 per cent. Arrangements, however, have been made to relieve men on this work. Drinking-water, though good, gets contaminated *en route*. An efficient scheme of water-supply, though badly needed, cannot be adopted owing to financial reasons. Sickness and mortality due to malarious climate and diurnal variations of temperature. Convicts are being trained to nurse. Lime trees were planted; fixed venetians put round the female ward to secure privacy; improvements in drainage made. Recommendation made to protect the source of water-supply from contamination. Two ounces of extra *dál* issued per head per diem to prisoners losing weight.
Myanaung	80	825·0	25·00	Overcrowding lasted for 141 days. Short-term prisoners used to be confined in workshop at night.
Monywa	79	645·6	...	Since the substitution of rice for pyoungsan (jowar), no defects in quality of diet. A jail for females is under construction.
Pakôkku	72	263·9	...	Overcrowding, which occurred now and then, was soon relieved by transfers. Sickness was due to chill and malarious climate.
Yamethin	106	773·6	...	Overcrowding for a very short time in the under-trial ward and the sleeping wards of the main barracks. The dry-earth system is enforced, and the jars sealed hermetically with clay before removal, the excreta being buried in the jail garden. Sickness and mortality due to chills, exposure, etc. Diarrhœa cases are mostly due to the eating of stolen raw *atta* or wheat. Two partitions which divided section 1 of the main ward into three small wards have been removed, thus making it a big ward. Recommended that a bigger kitchen, a store-house and four solitary confinement cells be built.
Taungdwingyi	50	760·0	...	Overcrowding lasted only for a few days. Ventilation in the newly-constructed female ward is defective owing to the ward being enclosed by venetians and trellis work. The drainage near the warders' cook-house, which is situated on a low level, is defective. A great improvement has, however, been made in this, with good result. The water is boiled and filtered before being used for drinking purposes. Ague and remittent fever due to malarious climate. Abscess, ulcer, and boil cases were mostly due to the fetters of the prisoners. It would be a great improvement and convenience if a separate ward were built for sick

JAILS.	Average strength.	PER MILLE.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Taungdwingyi—*contd*				prisoners in the place of the present ward, which is attached to the main building.
Pagan . . .	62	1,096·8	193·55	It is desirable to have the *kutcha* drains, around the store-room, the female ward and the workshop made *pucca*. With the sanction of the Inspector-General of Prisons rice has been issued to the lepers instead of pyoungsan (jowar). Working in the sun during the hotter months affects the health of the prisoners to some extent. Sickness and mortality were due to the intense heat of the weather during the summer months, to sudden changes of temperature, and to the bad state of health in which lepers, who form the majority of the prisoners, were admitted into jail. The Public Works Department having completed the water-works, the unsatisfactory plan of dragging water-carts from the river-side by prisoners in the hot weather has been abandoned.
Minbu . . .	105	523·8	19·05	Drains having been relaid, though not in cement, are more workable now. Ulcers were due to letters generally. Water obtained from the river at times very muddy, though no ill-effects to the prisoners in consequence have been traced. Galvanised iron water-cart recommended. Hollow to the west of the jail wall has been filled up; a mortuary and a cook-house for warders built; whole enclosure gravelled; sentry box on the north wall constructed; and other minor improvements carried out. Taking down of the wall in the office and re-cementing of the kitchen floor recommended.
Magwe . . .	143	223·8	6·99	The excess number was accommodated in verandahs and hospital wards.
Mandalay . .	1,000	781·0	31·00	Slight overcrowding lasted for a few days in August. Water, though filtered and boiled for drinking purposes, is pronounced bad by the Chemical Analyst. Sickness was due to climatic causes. Eye affections are in the majority of cases self-produced for the purpose of shirking work. Mortality was chiefly due to the cholera epidemic. Water-pipes have been laid into all the enclosure, and the drains in and around the jail have been levelled.
Shwebo . . .	124	798·4	24·19	Water for drinking and cooking purposes is to be carted from outside, the jail water being very salt. Sickness was due to malaria. Drainage has been materially improved by levelling the inside jail ground and making the garden tank deeper.
Bhamo . . .	64	187·5	78·12	Overcrowding in the under-trial ward lasted more than five months during the year. Sickness was due to malarial influences combined with enfeebled state of health from previous privations. The improvements effected during the year were *pucca* surface drains around the inner enclosure walls; a bastion on the face of the north wall; a large iron gate across the entrance to the jail; raising partition wall between the main enclosure and the female ward 3 feet. Construction of water-pipes to the female and under-trial wards; sun-shades to the under-trial section; movable shutters to upper main dormitory; and metalling the road to the jail recommended.
Meiktila . . .	120	816·7	16·67	The chief disease was dysentery, the cause of which cannot be ascertained. All the cases of ague had suffered from malarial fever before admission. The wall of the female ward was raised by 3 feet, and a filter bed made for drinking-water.
Katha . . .	72	833·3	...	Slight overcrowding from 17th October to 19th November. Filthy zyats (rest-houses) to the north and an extensive low swamp on the west render these directions unhealthy. Rotten and decomposing litter with night-soil accumulations are obvious sanitary defects. Proposed conservancy arrangements are in abeyance for want of funds. The station remains water-logged for more than half the year; but a great deal has been done to improve the drainage during the past twelve months. The partition wall between the civil and the female enclosure was raised 2 feet.

Jails.	Average strength.	Per mille.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Kindat	69	739·1	28·99	Two main dormitories were slightly crowded during April and May. Sickness principally due to malaria. Drainage has been improved. *Jhamps* introduced to keep out rains and fog. The partition wall between the male and female wards raised by about 4 feet. A closed bath-room was put up for the female prisoners.
Prome	16	1,437·5	...	The jail was only recently opened. Overcrowding was accommodated in the upper dormitory. Plans and estimates have been sent up for a drainage system, and it is hoped that it will be finished before the beginning of the rains, as it will then be much needed.
ASSAM.				
Sylhet	553	1,276·7	45·21	Overcrowding which occurred in the convict wards was relieved to a great extent by allowing prisoners to sleep in the weaving shed at night. Fevers due to climatic causes and exposure to sun and rain during labour. Bowel complaints partly due to overcrowding, and partly to exposure to sun and rain and malaria. Pneumonia probably due to chill.
Silchar	71	943·7	28·17	Overcrowding, which lasted for six days only, was met by using the female ward and the hospital, the females being kept in cells. Under-trial prisoners were not as clean as they ought to have been. Sickness due to climatic causes and to the diseased condition in which prisoners were admitted. The tank supplying drinking-water should be kept free from pollution. Lime juice or fresh fruit recommended for prisoners showing signs of scurvy.
Gauhati	105	1,000·0	38·10	The site of the jail is low, and water tends to lie. This is being improved by constructing masonry drains. The tank to the south-east is objectionable. Sickness and mortality were due principally to malaria.
Tezpur	287	1,767·3	86·81	More space desirable in the sleeping wards. Diet, though good, is barely sufficient for able and hard-working men. Sickness and mortality were due mainly to bowel complaints, the causes of which were principally these: bad or indifferent health on admission; transfer of hill-men to the plains in the hot season; eating of forbidden articles when employed extramurally; possibly confinement, especially in the wards situated within high walls, at night. Recommended that hill-men should not be transferred to this jail, and that milk should be boiled before issue.
Sibsagar	78	961·5	38·46	The criminal ward was overcrowded for seven months during the year, the female ward in November and December, and the under-trial ward in March. Except from May to November, milk was used instead of fish and meat. Fish was issued when procurable. Ague was due to climatic causes, bowel complaints mainly to the bad and indifferent health of the prisoners before admission. Recommendations made during the year were (1) to relieve overcrowding, (2) to remedy the insufficient supply of fish and milk, and (3) to provide hospital accommodation in the female ward.
Dibrugarh	65	1,630·8	107·69	Hajat accommodation very insufficient. Sickness and mortality were due to malaria, the broken state of health of prisoners (most of whom are coolies from the tea gardens) before admission, and to very hard labour which entails great exposure in all weathers. A day latrine was built.
Dhubri	12	1,833·3	...	Slight overcrowding lasted for seven days. Sickness due to malaria.
Nowgong	40	2,650·0	50·00	Bowel complaints due to deprivation of accustomed opium supply, to intestinal worms, or to a bad state of health. Respiratory affections due to exposure to chills. Malarial fevers due to climatic influences. The following improvements were effected during the year: the female ward had Portland cement laid on the floor; the day-latrine was completely replaced; moveable *jhamps* were provided for the openings of the sleeping wards. The following recommendations were made: Prisoners to be kept cleaner, the wooden platform cover of the well to be replaced by a masonry platform cover with a trap-door; better means of storing water for bathing to be provided; *jhapies*

Jails.	Average strength.	Per mille.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Nowgong—*contd.*				(umbrella hats) to be prepared for the convicts' use; Portland cement to be laid on the floor of the under-trial ward. A pump with filter reservoir would be a very necessary improvement. Deficiencies of clothing amongst certain convicts were remedied.
Shillong . . .	52	750·0	76·92	Sickness and mortality due to climatic causes.
BENGAL				
Presidency (Natives)	1,238	601·1	28·27	Certain buildings, and the main building in particular, remained overcrowded during the greater part of the year. Ventilation in the basement and the middle story of the main building and in the lower story of the hospital is defective. The drain near the cook-houses does not act properly. Excreta in receptacles are kept all night in the hospital wards, owing to the number of sweepers being inadequate. Clothing insufficient during the rains. Supply of vegetables insufficient and wanting in variety. Bad ventilation, overcrowding, and defects in dietary, are mainly responsible for sickness and mortality. Meat or fish ration was given four times a week when unusual sickness prevailed, twice at other times. A ration of potatoes and onions was supplied as an extra since June last. The number of prisoners sleeping in the middle story, main building, was reduced, and also the total number confined in the jail. Tasks were reduced one-third throughout the jail for one month, clothing and extras were liberally supplied to the convalescent and special gangs. The recommendations made were to improve accommodation and ventilation in the main building and the hospital, to have a covered staircase and cemented floors to the wards, also shelves to hold food, water, etc.
Alipore . . .	1,720	1,166·3	37·21	Overcrowding existed almost throughout the year; and work-sheds Nos. ii and vii and the school-room used to be occupied also at night. The principal local cause of disease in this jail is the jute manufactory. Mortality has been chiefly due to climatic causes and to the bad or indifferent health of the prisoners admitted or received as transfers. Numerous trees in the compound of the jail were cut down, and thus ventilation was improved.
Baraset . . .	90	3,133·3	55·56	The drainage of the town is very defective and there are extensive rice fields close to the jail towards the south-west. Malaria and low vitality were the principal causes of sickness and mortality of this jail.
Jessore . . .	242	1,843·0	33·06	Overcrowding, which lasted throughout January, was relieved by using verandahs at night. In most of the wards ventilation is defective. Surroundings are bad. The river to the south is a stagnant marsh, and compounds and orchards to the west are full of jungle and undergrowth. The district is notoriously unhealthy on account of malaria, and sickness and mortality were principally due to this. A well was sunk, a good work-shed erected, partition walls in the cell yard pulled down. Recommended that provision for sufficient ventilation in the wards should be made, and that the female ward should be removed from the present damp and badly-lighted barrack.
Khulna . . .	42	738·1	...	Slight overcrowding lasted for about three months. Female ward needs improvement in regard to ventilation. The *kutcha* drain in the garden should be made *pucca*.
Palamow . .	46	1,130·4	173·91	Faulty construction of the enclosure wall prevents good ventilation. The drinking-water is not wholesome. Sickness was due to malaria. Cholera was epidemic this year, and is responsible for many deaths. A *pucca* drain was constructed, the granary was completed and the hospital accommodation increased. Recommendations made were the construction of a separate ward for civil prisoners and an additional kitchen for Hindu warders.
Nadia . . .	156	974·4	12·82	In the male and in the female wards overcrowding lasted for a few days; in the civil ward about four months. A new well and a new filter are in course of construction. Surrounding villages are very unhealthy. Sickness was due to malaria.

Jails.	Average strength.	Per mille.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Berhampore . .	239	2,012·6	8·37	Slight overcrowding in the under-trial ward lasted for seven days. No. 13 ward was used as a workshop by day and as a sleeping ward by night. Sickness and mortality were due to malaria. The recommendations made last year have not yet been carried out.
Hooghly . . .	398	685·9	30·15	Slight overcrowding in the under-trial wards was relieved by transfers to one of the convict wards. The jail is surrounded by a crowded and ill-drained portion of the town. Sickness was in most cases contracted before admission into the jail. A plot of land has been acquired, and is being used for burying night-soil and urine. The drains should be repaired and improved.
Burdwan . .	222	982·0	72·07	The Jail Commission's recommendation in regard to abolishing the practice of sleeping in four rows has not been carried out yet. Ventilation in the sleeping ward is bad. The outside low land is being improved by digging a large tank. Sickness and mortality were due to the malarious character of the district. Prisoners from other districts are very liable to dysentery, to which they generally succumb. A *pucca* drain has been constructed from the main inner drain to the field outside the jail.
Malda . . .	64	3,578·1	15·62	The town is badly drained and damp, specially during the rains. Prisoners suffered greatly from ague, a common disease in the district. Opium-eaters suffered from diarrhœa and dysentery. One under-trial ward has been built; and ward No. 5 has been adapted for use as a hospital.
Purneah . . .	155	2,025·8	58·06	Slight overcrowding in the female ward lasted for fourteen days. The swamp to the north and west of the jail is objectionable. The enclosure wall of the female ward is too close to the ward. Fevers, dysentery, and diarrhœa were due to climatic causes, also to bad or indifferent health of the prisoners before admission. An Abyssinian well was sunk.
Jalpaiguri . .	82	1,341·5	73·17	Overcrowding in the *hajut* ward was relieved by the use of other empty wards. Ventilation insufficient. Considerable improvements have been effected during the year in drainage. The swampy land to the south of the jail has been effectually drained, but still much remains to be done. The cause of dysentery, which produced much sickness and mortality cannot be satisfactorily traced. The latrine was removed farther from the cook-house.
Dinajpur . .	147	2,530·6	40·82	Surroundings bad. Sickness was chiefly due to malaria. All the six men who died were admitted to jail in very bad health, or suffering from chronic disease.
Rangpur . .	133	2,052·6	52·63	During the rains the subsoil water rises to within 4 feet of the surface. This makes the enclosure damp. The hospital air is made foul by the night latrines, owing to their not being cleaned at night. The day latrine is also very close to the cook-house. Sickness and mortality were principally due to malaria, and to some extent to chill and dampness, and to the depressing effect of the jail-life. Extra clothing and sandals were given to convalescent, special gang, and garden prisoners, also extra blankets to weakly and old prisoners. Recommended that an upper story to the warders' quarter should be built; that pipes should be laid from the tube well to the filter; that pipes should be laid to carry dirty water from the jailor's quarters outside the jail enclosure; that the jail walls should be removed farther back and lowered. It is believed that the health of prisoners would be improved by introducing a perfect drainage system inside the jail, by placing the night latrines outside and by improving the health of the outside population by general sanitary arrangements.
Rajshahi . . .	675	389·6	20·74	Extra blankets were supplied to those who required them. Sickness and mortality were due to ill-health brought on by such unavoidable combined causes as distasteful work, unaccustomed food, depression of spirits, the congregation of large numbers in small sleeping wards, and the bad state of health in which the prisoners were admitted into the jail. Enclosure wall of the solitary cells was lowered. It was recommended that the hospital enclosure wall should also be lowered and certain walls in the sleeping wards razed.

JAILS.	Average strength.	PER MILLE.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Bogra	121	1,677·7	16·53	A better supply of water is under consideration. The Christain cemetery, the trenching ground, and the *post mortem* house, which are about 250 yards from the jail, are objectionable. A new mortuary will soon be built elsewhere. Sickness amongst the prisoners was principally due to sudden change in the habits of life, malarial taint in the majority of the prisoners, and possibly defects in water-supply. A water reservoir has been built outside the main wall to receive ablution and refuse water. Recommendations were made for two surface drains inside the jail, and *gumlah* ventilators for the guard-room.
Mymensingh . .	332	1,126·5	39·16	Overcrowding lasted for 33 days only. The *kutcha* drain outside the jail is objectionable. A scheme to remedy this has, however, been sanctioned. Extra blankets were issued to those who required them. Water from the municipal hydrants is used for drinking purposes after being boiled. The surrounding lands are low-lying and swampy, which may partly account for the sickness, as does also the bad health in which the prisoners are admitted. Drinking and cooking water has been obtained from town hydrants. The latrine accommodation has been doubled. The level of the drain towards the *bheel* to the east has been raised, the bund cut, and pipes laid beneath it. The low-lying ground near the *kutcha* drain, swampy in the rains, has been raised, and the bottom partly filled in. The floor of the cow-shed has been made *pucka*. The *dhobies'* washing place has been thoroughly drained and the floor cemented. The water to the bathing platform is now carried by underground pipes. Recommendations were made that the drains to the north and east should be made *pucca*, the fall to the river being improved (taken in hand), and that the work-shed should be built on a raised plinth. Plans have been made for providing a separate dysentery ward and for placing night latrines outside the wards. A scheme to supply boiled water to different parts of the jail has been submitted. Although prisoners in different states of health are admitted, only the young, middle-aged, and healthy are transferred to other jails, thus leaving the old, sickly, and weakly prisoners to swell the sick and death rates.
Pabna	134	1,806·0	29·85	The outside drain should be made *pucca*.
Faridpur . . .	353	889·5	14·16	There was overcrowding in the female ward for 11 days, in the under-trial ward for 96 days, and in the convict wards for 15 days. In the rainy season the jail drains become flooded, like the whole district. The situation of the latrines in front of the cook-shed is very objectionable. Pump and boiler have been obtained, and sanction to fix them is awaited. Fever and dysentery were due to climatic causes. The floor of one of the *kutcha* wards was made *pucca*. A ward on the first floor was used exclusively for bowel diseases.
Backergunge . .	432	1,502·3	50·93	Sickness was principally due to the general unhealthiness of the district, as also to bad health of the prisoners when first admitted. A feeding platform with shed is recommended. The number of seats in the day latrines should be increased. It is considered that the conversion of some lower ward into a hospital with an enclosed area would be preferable to hospital accommodation on the second story without grounds for walking about in.
Noakhali . . .	99	899·0	10·10	Overcrowding was obviated by using the *hajut* ward for convicts and the workshop as a sleeping ward. The drainage is defective. Dysentery was probably due to bad drainage, with heavy rainfall; and the malarial affections to climatic causes. A new boiler was added to the filter for the purpose of boiling drinking-water. The plinth of the wards should be raised by making them of *pucca* masonry with arches.
Chittagong . . .	159	710·7	12·58	Slight overcrowding lasted for nine days in the under-trial ward. Drainage is defective. The sleeping ward partitions will be shortly provided with iron grating ventilation openings.
Tippera . . .	127	598·4	39·37	There was slight overcrowding for a short time. Wards very dark, damp, and ill-ventilated. The drains do not work at all during the rainy season. Latrine

Jails.	Average strength.	Per mille.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Tippera—*contd.*				accommodation insufficient, and too near the working and sleeping wards. Water-supply drawn from a bad source probably accounts for much of the dysentery. Donaldson's ejector was put up, but too close to the *hajut* ward and feeding platform. Water-supply, though now obtained from an excellent source, cannot be considered satisfactory until it shall have been supplied mechanically, and distributed without manipulation by the prisoners. Raising floor of wards, improving ventilation, and throwing out jail enclosure wall to afford more space for work-shed and latrines, etc., recommended.
Dacca . . .	1,124	1,165·5	54·27	There was overcrowding from 1st January to July, work-sheds being used for sleeping wards at night. The jail suffered in common with the district, from an unprecedented prevalence and virulence of malarial affections. For a portion of the latter half of the year fish, potatoes, oranges, and lemons were added to the dietary owing to the condition of health prevailing.
Cuttack . . .	280	642·9	28·57	Overcrowding occurred at intervals during the year, and a workshop was used at night to relieve this. The cause of diarrhœa and dysentery is probably dietetic, these diseases having increased since the introduction of the system of stacking and husking paddy. Fever is due to climatic causes. Other diseases are largely due to the low state of health of prisoners at the time of admission.
Puri . . .	95	378·9	63·16	The jail is surrounded on three sides by swamps and marshy lands. The Jail Commission recommended the removal of the pilgrim hospital from the vicinity of the jail. Several minor improvements were carried out. The construction of a small ward for the isolation of females attacked with contagious or infectious diseases was sanctioned. It is considered that the amount of discomfort in respect of food and clothing suffered by the under-trial prisoners, as also the late hours at which they are received, are important factors in the causation of much of the sickness in jail.
Balasore . . .	128	453·1	117·19	Overcrowding occurred in the under-trial male ward. Bowel complaints and dysentery were solely due to climatic influences, and attacked weakly prisoners. A water-lift was fitted to the well. A filter was erected near the cook-house, and water-pipes laid from well to filter at bathing platform and cook-house.
Midnapore . .	807	1,210·7	52·04	Ventilation defective in the hospital buildings, specially during the cold months and rainy season. Drainage is defective during heavy rains, and subsoil water makes the the floors of work-sheds, etc. very damp. Larymore's boiler erected and water procured from the newly constructed well outside the jail. Owing mainly to the virulent epidemic of malarial fever in autumn 1893, the health of the jail continued bad for a long time. Sickness and mortality were chiefly due to outside influences, numerous sickly admissions into jail, and to the cause mentioned above. Larymore's excellent fireplaces were introduced. The floors of 4 worksheds were raised by 2 ft. Four latrines were constructed. Feeding platforms were constructed in the shade, and many minor improvements were carried out during the year.
Bankura . . .	309	1,71·84	35·60	Mortality occurred chiefly from dysentery as a result of repeated attacks of malarial fevers.
Purulia (Manbhum)	118	898·3	33·90	Slight overcrowding lasted for a short time. Drinking-water as procured from the well outside the jail contains a considerable excess of nitrogen. An epidemic of influenza occurred in the jail, for which no local cause can be assigned. Fever was principally due to the heavy rainfall in July and August, and the comparative heat and dryness in September and October. A separate ward was provided for cases of dysentery. A new filter was made and a pump for the outer well provided. The latrine should be removed from near the cook-shed.
Birbhum . .	168	1,970·2	47·62	The municipality have done a great deal to keep the *bustee* to the east of the jail clean. Influenza and fever were imported from the free population; and dysentery, scurvy, and diarrhœa were imported from Cuttack and Balasore through prisoners transferred from these districts. Recommendations were made

JAILS.	Average strength.	PER MILLE.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Birbhum—*contd.*				during the year to erect a civil ward outside the jail; to arrange for pump, pipes and regulation boiler for drinking water ; to provide an ablution platform to the latrine. Cuttack and Balasore jail prisoners benefited considerably by the change.
Nya Dumka . .	82	1,914·6	121·95	There was slight overcrowding in different wards for a short time at intervals, but this was always relieved by transfers to wards not fully occupied. Prisoners suffered considerably in May, which was an abnormally hot month, and again at the close of the rains. A tube well to supply drinking-water was sunk.
Monghyr . .	299	1,097·0	50·17	Considerable overcrowding occurred from 14th June to 3rd August. Ventilation, which is somewhat defective, could hardly be improved without constructing a new jail. The only causes that can be assigned for sickness and mortality were climatic. An Alipore boiler was introduced, and a second latrine was put up. Recommended that water should be pumped from the river for the supply to the jail.
Bhagalpur . .	1,302	1,384·0	47·62	There were two outbreaks of epidemic influenza during the year which generally lowered the health of the prisoners. A section of bad characters endeavoured to escape work by starvation and the use of irritating drugs, with serious results. General climatic influences were bad. A certain class of criminals from the Sonthal Pergunnahs were in a cachectic state. An additional ejector was constructed. It was recommended that jail husked *dhan* should be temporarily discontinued.
Singhbhum . .	151	2,106·0	264·90	Tents were pitched for the few days the jail was overcrowded. Sickness and mortality were due chiefly to the unhealthy condition of the majority of the prisoners admitted, and probably to the building in which the prisoners are confined being over-ventilated. There was an outbreak of cholera in the jail. The disease had been present in the free population for some time before.
Ranchi (Lohardaga) .	192	718·7	41·67	Overcrowding lasted for about three weeks. Transfer cases received from Chapra, Bhagulpur, and Buxar jails during the rainy season suffered from various diseases. Mortality was due to very bad health of the prisoners on admission. Recommended that the latrine should be removed from near the cook-shed and the well.
Hazaribagh . .	560	1,201·8	71·43	Temporary sheds were used for a fortnight for the seclusion of a batch of 17 prisoners received from cholera-stricken districts. Absence of bathing platforms and scarcity of water-supply in the hot season cause some inconvenience in maintaining the personal cleanliness of the prisoners. A scheme of water-supply in abundance is under consideration. The sickness and mortality were almost entirely due to the importation of prisoners with their fatal disorders on them. Drainage was improved by the construction of three *pucca* drains. The following recommendations among others were made during the year : (1) construction of three wards that may accommodate 72 prisoners; (2) supply of water by pumps and pipes to the differents parts of the jail ; (3) construction of feeding and bathing platforms in the *hajut,* female and juvenile wards ; (4) cutting down of the partition walls of the cells to regulation height. The result of transferring sickly prisoners to this jail is encouraging.
Gaya . . .	425	2,030·6	70·59	Slight overcrowding occurred in the under-trial and female wards during September. Ventilation in these wards is defective. Quarrying and carrying stone entail considerable exposure. Sickness was due to the general unhealthiness of the year, to the weak health of prisoners received on transfer, to the exposure in the cholera camp, and to the cholera epidemic. Mortality was mainly due to the latter cause. Some of the recommendations made were : night latrines outside sleeping wards ; supply of boiled water to cook-shed ; and purchase of a piece of land adjoining the jail garden, so as to extend cultivation and give room for enlarging the tank now in course of digging.
Patna . . .	307	1,859·9	45·60	Attempt to modify the excess ventilation during the cold weather was made with some success. Water-supply is being drawn from a well on the police parade ground. Bowel complaints prevailed almost in epidemic form

JAILS.	Average strength.	PER MILLE.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Patna—*contd.*				during August and July. The cause of these appears to have been exceptional climatic changes and the inundation of the country to an unusual extent. A new filter was fitted with a new boiler. A scheme to conduct filtered water by pipes to the cook-room feeding platforms and wards is under contemplation.
Arrah (Shahabad) .	250	992·0	60·00	Overcrowding lasted for over a month. The surroundings on three sides of the jail are objectionable. Bowel complaints and fever were mostly malarious and imported from outside. Enclosure walls have been lowered to allow free access of air.
Buxar . . .	1,082	793·0	43·44	Overcrowding lasted for three months. Dysentery and diarrhœa were due principally to the prisoners drinking water from the stagnant portion of the stream. Since the drinking-water has been supplied from mid-stream, these diseases have abated. Glazed earthenware pipes were laid in the open channels conveying drinking water, and the portion of the channel passing through one of the sleeping wards was laid with iron piping. The canal water passing close to the warder's barracks was diverted. The following recommendations were made: special attention to be paid to articles of diet: animal food to be issued twice a week; 6 chittacks of *dahee* to be issued in lieu of 2 chittacks of *dál;* all hospital clothing to be washed outside the jail; and dysentery and diarrhœa stools to be burnt.
Champarun . .	326	1,254·6	82·82	Overcrowding lasted about five months, specially in the under-trial and the female wards. The females were kept in the juvenile ward and the males in the worksheds. Ventilation is defective when the shutters of the wards are closed. The situation of the jail appears to be malarious. The large number of deaths from dysentery, scurvy, and diseases of the digestive system appears to show that the jail diet is still defective. A yard containing a latrine, bathing platform, and feeding platform was provided for under-trial prisoners. A culvert was made under the garden road to improve drainage. The female ward is a weak point in this jail, and is too small to accommodate the number admitted. Sick and under-trial female prisoners should have separate accommodation provided for them.
Muzaffarpur . .	400	592·5	50·00	Slight overcrowding occurred in the under-trial wards for a short time. Extra diet given to convalescents and prisoners losing weight. Almost all admissions, and deaths were the results of disease contracted prior to admission into the jail. The filter was remodelled, and a new Alipore pattern water-boiler set up, and other arrangements for pumping water from mid-stream made; and the feeding platforms were provided with thatched roofs. Increase of latrine seats, dismantling of hospital verandahs, new worksheds, and separate accommodation for dysentery cases were recommended. The morning meal of fried boiled grain is probably a mistake and tends to increase diarrhœa cases. Since the substitution of rice *khitchry* such cases have decreased.
Darbhanga . .	312	977·6	76·92	Overcrowding existed in the female ward from 1st to 28th March, and in the *hajut* ward from 15th November to 9th December. The *kutcha* shallow drain outside the enclosure walls is a nuisance to the surrounding district. Dysentery and diarrhœa were responsible for numerous admissions and deaths. A careful investigation into these brought to light the fact that a very large majority of cases were of those who had similar attacks before being sent to jail. There occurred several cases of cholera. The drinking-water is being obtained from mid-stream instead of from close to the bank.
Chápra (Saran) .	294	2,438·8	91·84	Overcrowding was general from May to November, but the female wards, the under-trial wards, and the hospital were particularly overcrowded. Ventilation defective in *hajut,* hospital and female wards, owing to high surrounding walls, and in the wards owing to the crowding of the buildings together. The drainage outside the jail is defective and liable to flooding. The surroundings of the jail are bad, comprising filthy *bazars,* and several bad tanks. Sickness and mortality were due principally to flooding of the country; over-population of the district, particularly of the jail;

JAILS.	Average strength.	PER MILLE.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Chapra (Saran)—*contd.*				bad surroundings; sickly and old prisoners, etc. Alipur pattern cooking range introduced with great advantage; cultivation inside the jail walls stopped; a separate ward for dysentery cases prepared; a new boiler and filter for drinking-water in course of erection; pump and platform for drawing water from river brought into use. Recommendations made during the year were: the building of a new hospital, improvement of drainage surrounding the jail, enlarging of the existing latrines, improvement of ablution arrangements, acquisition of more land for the jail garden, filling in of a bad tank near the jail, raising the plinth and walls of sleeping ward, and lowering the height of high walls inside the jail.
Darjeeling	62	1,177·4	48·39	Sickness and mortality were due to malaria and changes of weather. A portion of the main drain was made *pucca*. A Macnamara filter was set up in a galvanised iron cistern, and drinking and cooking water supplied from it. Recommended that the enclosure wall of the female ward should be raised to standard height, that the south drainage should be made *pucca*, etc.
NORTH-WESTERN PROVINCES AND OUDH.				
Ghazipur	558	1,091·4	55·56	Overcrowding lasted only for a few days. Ventilation of the sleeping barracks, specially during the hot months, is defective. Sickness and mortality were principally due to the low state of health of the prisoners. The malarial fevers, dysentery, and diarrhœa were also due to the prolonged and heavy rainy season and the unusual height of the subsoil water level. Ventilation of the *durrie* factory was improved. Recommendations made were to enlarge the cook-house, to improve the ventilation of the sleeping barracks, and to re-roof the workshops.
Benares, Central	2,029	556·4	27·11	Occasional overcrowding occurred during October and November. Sickness was due to climatic causes, specially prolonged rainfall. Increased mortality was largely due to the number of old and infirm prisoners confined in this jail. Verandahs were constructed round the barracks.
Benares, District	419	897·4	50·12	The high death-rate is due to the bad state of health of prisoners on admission to jail. The prevalence of malarial fevers and dysentery is no doubt partly due to the increased and prolonged rainfall during the year. There are no defects, sanitary or otherwise, in this jail which require remedying.
Mirzapur	280	1,564·3	82·14	Overcrowding lasted during November and December. In consideration of the cold and the poor condition of the prisoners, barrack windows were closed up halfway, and holes made in the walls to admit of free circulation of air. The new main drain was completed and connected with the municipal drain. Labour exacted was hard. The new well has not been completed yet. The water-supply is very unsatisfactory. The jail has the most insanitary surroundings. The hard work, great dearness of grain, and a rainfall of 82 inches, instead of 32, have contributed to a high mortality among prisoners physically badly developed and poorly nourished on admission into jail. The new jail buildings were completed.
Azamgarh	424	1,132·1	18·87	Overcrowding lasted over five months. Sickness generally occurs amongst the prisoners admitted in a debilitated state and more or less saturated with malarial poison.
Jaunpur	289	986·2	34·60	The year was an unhealthy one throughout the district. Efficient means for boiling the water should be provided, particularly during the hot weather and rains.
Gorakhpur	1,216	1,483·6	87·17	The water at the old jail contains much organic matter. The *dochmius duodenalis* is very prevalent in the Gorakhpur district. Sickness and mortality were mainly due to the general unhealthiness of the year, severe outbreak of cholera and influenza, bad health of the prisoners on admission into jail, and the prevalence of the above-named intestinal parasite. The construction of the new jail is nearly completed.
Basti	3	640·3	35·42	Sickness and mortality were due to the bad health of the prisoners admitted into the jail.

Jails.	Average strength.	Per mille.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Gonda . . .	620	982·3	79·03	Slight overcrowding lasted at intervals for about three months. Malarial fevers were due to very heavy rainfall. Admission of a very large number of prisoners of advanced age contributed much to sickness.
Bahraich . .	411	399·0	51·09	Overcrowding lasted for 16 days only. Most of the casualties occurred from malarial influences.
Fyzabad . .	627	674·6	44·66	The female jail and *hawalat* were slightly overcrowded. The winter clothing requires improvement. Sickness and mortality were principally due to the admission of sickly and old persons into prison.
Sultanpur . .	87	436·8	22·99	Overcrowding at intervals occurred throughout the year.
Rae Bareli . .	506	361·7	19·76	Ague was due to climatic causes; diarrhœa and dysentery to the presence of cholera in the district, and unusual rainfall; sunstroke to unusual heat in the month of June. The introduction of night latrines was recommended.
Partabgarh . .	292	972·6	23·97	Sickness and mortality were due principally to climatic causes and chronic diseases.
Hardoi . . .	370	770·3	8·11	Overcrowding lasted for a few days. Sickness and mortality were due to climatic causes.
Kheri . .	254	1,519·7	39·37	Slight overcrowding lasted from 3rd to 30th April, and occurred again in September. A severe epidemic of influenza occurred during the months of April, May, and October. Dysentery, diarrhœa, and diseases of the respiratory system were probably due to heavy rainfall, and to the imperfect drainage near the old portion of the jail which keeps the place very damp.
Lucknow, Central .	1,528	389·4	17·02	The year was a particularly unhealthy one, but the health of the prisoners was much better than that of the free population, and the mortality much less.
Lucknow, District .	498	1,251·0	12·05	Several drains were made *pucca*. The year was a very wet and sickly one.
Sitapur . . .	707	636·5	24·05	Ventilation is excessive. Though the town of Sitapur is remarkably unhealthy, the health of the jail population is very satisfactory.
Barabanki . .	355	467·6	16·90	Drainage of the inner garden is very imperfect, and water collects during the rainy season.
Unao . . .	264	572·0	30·30	An improved drainage scheme is under preparation.
Hamirpur . .	152	2,355·3	46·05	Sickness was principally due to the bad state of health in which most of the prisoners were admitted into the jail.
Orai (Jalaun) . .	157	1,273·9	12·74	Sickness and mortality were due to climatic and malarial influences.
Fatehgarh, Central .	1,814	922·8	36·93	Perhaps ginning wool is prejudicial to the health of prisoners employed on it. Influenza was probably due to atmospheric causes. Diarrhœa, dysentery, and ague were probably due to the very unfavourable climatic conditions that prevailed throughout the year. Respiratory diseases were due partly to influenza and partly to the prevailing wetness and the exposure of the prisoners to cold and damp weather.
Fatehgarh, District .	326	883·4	30·67	Sickness was chiefly due to climatic causes. Respiratory affections were partly due to influenza, and partly to carelessness on the part of the prisoners in not covering up at night.
Cawnpore . .	387	529·7	41·34	There do not seem to be any causes operative in the jail or its surroundings to which the sickness or mortality can be attributed.
Fatehpur . .	310	1,300·0	38·71	The heavy rainfall in October inundating the country in and around the jail was the cause of increased sickness and mortality.
Banda . . .	307	2,068·4	104·23	Slight overcrowding occurred during the months of May and November. The water contains a high percentage of organic matter, and is very hard. The year was unusually unhealthy throughout the district from the unprecedented rainfall and floods. Malarial fever and dysentery of a scorbutic type played havoc not only in the jail but throughout the district. Food-grains were at famine prices, and men admitted to jail were in bad health. The standard of health has been so lowered that the effects will be evident for some time to come.
Allahabad, Central .	2,045	745·7	21·52	Sickness and mortality were mostly due to ordinary climatic causes, the diseases being such as the free population in the district suffer from. The prolonged and heavy rains have no doubt accounted for a certain amount of the sickness. The fact that the leper prisoners in the North-Western Provinces and Oudh are confined in this prison means of itself a certain daily proportion of constantly sick.

JAILS.	Average strength.	PER MILLE.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Allahabad, District	642	1,118·4	23·36	Slight overcrowding lasted for about 20 days. Dysentery was probably due to the excessive dampness of the rainy season. Malarial fevers and diarrhœa were probably due to climatic causes.
Etawah	213	901·4	28·17	Ague and dysentery accounted for the greatest number of admissions into jail; but they could not be attributed to any local defects.
Mainpuri	331	700·9	27·19	Mortality principally occurred amongst prisoners admitted in an unsound state of health. None of the sickness was due to jail conditions.
Muttra	207	792·3	24·15	Increase of sickness was not attributable to any internal cause, but to the year 1894 being more unhealthy than 1893.
Etah	307	1,068·4	9·77	Overcrowding lasted by intervals for 89 days. The drainage is defective, and after a heavy rainfall the surroundings remain under water for some days. Malarial poisoning, old age, exposure to chill, hereditary influences probably account for much sickness and mortality. A new cook-house was built.
Aligarh	420	2,366·7	9·52	Slight overcrowding lasted for a short time at intervals. The ventilation of No. 5 barrack is defective. Drainage is not satisfactory. A suggestion was made that pumps and a Berkefeld cistern filter should be provided. The tanks to the north of the jail should be filled up. Disease arises from the local condition of the soil and the high ground water-level. The nominal capacity of the dormitories was reduced, giving each inmate $\frac{1}{3}$rd more space. The cook-house was improved. Recommendations made were to increase and complete the drainage system, to improve the latrines by additions of bathing platforms, to dig out the dormitory floors, and to raise them in *pucca* brick.
Bulandshahr	237	1,295·4	29·54	Ventilation, which is excessive during the winter, is being reduced by building up the iron-grated doors with mud-bricks to about $\frac{3}{4}$ths their height. Sickness and mortality were chiefly due to malarious influences and to bad health of the prisoners when admitted. The addition to the hospital was completed, and partition walls were lowered to admit of free ventilation. A verandah to the jail hospital was recommended.
Shahjahanpur	364	1,041·2	24·73	Overcrowding lasted throughout the year. Sickness and mortality were principally due to diseases and injuries acquired before admission to jail. Bathing platforms were constructed to the solitary cells. Recommendations made were to improve the cook-house, the bathing platforms, etc.
Bareilly, Central	1,866	477·5	10·72	The diseases are probably much the same as those prevailing among the free population, and do not appear to be owing to the conditions of jail life.
Bareilly, District	678	668·1	33·92	The chest affections were climatic. The year was a particularly unhealthy one. Brick-on-edge flooring was constructed to the floors.
Budaon	327	795·1	24·46	Sickness and mortality were due largely to the admission of prisoners in bad or indifferent health. To raise the damp surroundings of barrack No. 9 was recommended.
Saharanpur	394	1,258·9	22·84	Overcrowding, which lasted throughout the year, was obviated by the use of factory No. 1 as a sleeping barrack. The fever was of malarial origin; the abscesses were with few exceptions produced by fetters. Diarrhœa was probably due to the eating of stolen raw *atta*.
Bijnor	190	473·7	21·05	The municipal trenching ground, being too near the jail, is objectionable. Grated openings were fitted with perforated zinc windows in the hospital.
Dehra Dun	66	1,287·9	45·45	The water obtained from the open canal is not good. Sickness and mortality were principally due to climatic causes, such as exceptionally heavy rainfall; and to the debilitated condition of the prisoners before admission into jail. Recommendations made were to add verandahs to those barracks into which rain beats, and sheds to the solitary cells.
Muzaffarnagar	162	790·1	30·86	Slight overcrowding occurred in the last five months of the year. Malarial fevers were probably climatic; diarrhœa, in many cases, was due to the eating of raw grain and drinking copiously of cold water when overheated, and in four cases was due to deprivation of accustomed opium. Dysentery was mostly chronic, and almost invariably existed before the patients had come into jail.

JAILS.	Average strength.	PER MILLE.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Moradabad	323	1,674·9	43·34	Bowel complaints were very rife. Malarial fever which raged in epidemics lowered the general average of health, and accounted for much sickness.
Meerut	520	801·9	17·31	Slight overcrowding occurred in some of the barracks at intervals. The ridge ventilation occasionally lets in drift rain. A new under-trial ward was built.
Agra, Central	1,920	537·5	32·29	There are too many native buildings near the jail. Dysentery and diarrhœa were probably due to climatic causes, and were simultaneously prevalent in the city and district. Phthisis has always been one of the chief causes of mortality in this jail. The fact that more prisoners are employed in wool-carding, carpet-making, and factory work generally in this jail than in other central prisons probably accounts for the greater prevalence of tubercle of the lungs in the jail. Every precaution is taken to have full ventilation and to prevent dust in the factories. An epidemic of influenza in April and May no doubt injuriously affected the health of many prisoners, and doubtless had some effect in producing a larger number of cases of tubercle of the lungs than in former years.
Agra, District	548	729·9	21·90	Dysentery was probably due to climatic causes, being also prevalent in the central prison, and in the city and district. Influenza was prevalent in spring, and many of the prisoners suffered in health from its effects.
Jhansi	232	961·2	38·79	Overcrowding lasted during July. The unhealthy character of the year was chiefly due to very heavy rainfall and abrupt changes in temperature. Construction of a new mill-house was recommended.
Lalitpur	104	894·2	9·62	There occurred slight overcrowding for a short time in the female barracks. Sickness was due to climatic influences.
Almora	85	929·4	58·82	There was no prevalent disease, nor any special cause of disease.
PUNJAB.				
Delhi	449	2,233·9	20·04	Ventilation of the casual barracks is very defective. Most of the sickness is due either directly or indirectly to malaria.
Rohtak	164	725·6	12·20	Inside the jail the drainage fall is insufficient. The chief cause of disease was malaria. Recommendations made were to build three latrines and a ward for the treatment of pneumonia and infectious cases.
Hissar	195	1502·6	10·26	Overcrowding lasted for 15 days only. The ground behind the jail lodges water, and, perhaps, this influences malarial fever. Sedentary occupation is an additional cause of sickness.
Karnal	127	1842·5	...	The dampness of the jail and the malarious nature of the district account for much sickness. Some recommendations were made regarding the proper drainage of the town.
Umballa	505	1,106·9	9·90	The arrangements for washing the warm clothing appear to be defective, Sickness was mainly due to malaria, which was very rife owing to excessive rainfall.
Ludhiana	222	1,612·6	...	Roof and lateral ventilation of the sleeping barracks, and roof ventilation of the paper-polishing shed, are very defective. The drainage of the jail was improved. The swamps on the north and east of the town are objectionable. A number of trees were planted so as to form a belt between the town and the marsh. Monotonous diet, confinement, malaria, great diurnal variation of temperature and exposure to the sun's rays were the chief causes of the more prevalent diseases. A recommendation made was to improve the ventilation of the barracks.
Hoshiarpur	62	2,887·1	16·13	Sickness was chiefly due to malarial poison. A sun-shade was provided for the well. The construction of a workshed and a larger clothing godown, though recommended year after year, is being postponed for want of funds.
Jullundur	273	509·2	21·98	Slight overcrowding lasted for a few days. The lateral ventilation of the wards in the hot weather is defective. A tank for the storage of drinking-water is needed. The jail is very close to the city.

JAILS.	Average strength.	PER MILLE.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Ferozepore . .	280	1,967·9	17·86	The hospital is dark and ill-ventilated. The jail has many stagnant ponds near it. Malarial fever was very prevalent in August and September. The prevalence of pneumonia ceased as soon as prisoners began to get their morning meal before being sent out on work.
Amritsar . .	237	2,333·3	37·97	Overcrowding lasted for about four months. The ventilation being too much during the cold weather, all the windows in the east face of the buildings were closed up with brick and plaster, and *tat* purdahs were placed on other openings. These were removed in the spring. With one suit for each prisoner, clothing could not be kept properly clean. Ague and catarrhal affection of the bowels were due to malarial poisoning before admission into the jail.
Lahore, Central .	1,259	3,215·2	35·74	Lateral ventilation is somewhat defective. Sickness and mortality were principally due to malaria by which the jail is more affected from its position than other parts of the city. Malarial fever lowers the system and renders prisoners liable to chest affections in the winter months. The increase in the admission from diarrhœa was due to the working of the latrine parade system, by which all cases of incipient diarrhœa are admitted into hospital for treatment. Drains were improved and increased in number; a tank for washing prisoners' clothing was constructed. It has been observed that a 5-grain daily dose of cinchonidine sulphate has had a marked influence in keeping down malarial fever. It is considered that the thorough working of the latrine parade will prevent much sickness and mortality due to bowel complaints; and that the freer the use of antiscorbutics, the better will be the health of the jail.
Lahore, District .	421	2,703·1	23·75	Lateral ventilation is defective in all the barracks. The exit of the main drain requires enlarging. Fever was due to malaria, and so was dysentery in part, as shown by the effect of quinine.
Lahore, Female .	196	2,265·3	20·41	Malaria is very prevalent in this jail. A large number of trees within the jail compound was cut down. This together with the improvements in drainage resulted in making the jail drier. A recommendation made was to improve the ventilation of the sleeping wards by the demolition of certain divisional walls.
Sialkot . . .	299	1,013·4	10·03	Solitary cells and yards are very damp. Recommended that the solitary cells be drained by a deep ditch round them with subsoil drains opening into it.
Gurdaspur . .	218	885·3	13·76	Sickness was greatly due to the swampy nature of the soil of the district.
Gujranwala . .	350	1,308·6	8·57	Overcrowding occurred at intervals. Fevers climatic.
Chinawan . .	868	2,188·9	5·76	Ventilation of certain barracks is defective. Ague, dysentery, and diarrhœa were due to climatic causes.
Gujrat . . .	107	1,280·4	18·69	Overcrowding lasted for about four months. The wards are badly ventilated, but, as one of the walls also forms the outer wall of the jail, no improvement in this direction is possible. The jail is situated on low-lying ground, which always remains water-logged.
Jhelum . . .	200	1,505·0	15·00	The hospital is badly ventilated. Surface drainage both inside and outside the jail is very defective. Personal cleanliness was not satisfactory owing to the want of a bathing platform. The causes of sickness were climatic and malarial. The badly drained condition of the jail was also to some extent responsible for sickness.
Rawal Pindi . .	649	1,781·2	16·95	Roof and lateral ventilation of all the barracks is defective. The stagnant pool near the jail was drained. The jail population was kept down to an average of 650, though the nominal capacity of the jail at 36 superficial feet is 888.
Shahpur . . .	232	1,099·1	8·62	No local causes of disease were discovered; and the diseases were those of the free population.
Montgomery . .	1,117	678·6	17·91	Owing to the flatness of the ground, the surface drains are defective. The sickness and mortality occurred mostly amongst the old and sickly men, and, owing to the use of the jail as a sanitarium for other jails, sick-rate and death-rate are heavy. The ventilation of the sleeping barracks was improved. A new bathing platform and two latrines were constructed. Representation as to the necessity for improving the drainage was made, but without any effect.

Jails.	Average strength.	Per mille.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Jhang	210	1,214·3	14·29	The lateral ventilation of the barracks, cells, hospital and contingent guard lines is defective. This matter is under the consideration of the Inspector-General of Prisons. Ague, diarrhœa and dysentery were apparently due to climatic influences. Recommendations made were to construct proper bathing platforms; to provide for adequate ventilation in the solitary cells; to have iron-grated doors for the barracks and hospital, etc.
Mooltan, Central	653	1,895·9	29·10	The lateral ventilation is insufficient. The ground being very level, water is apt to collect outside the jail after heavy rain. Malaria and cold were the principal causes of sickness and mortality. The prisoners received here are mostly convalescents or very old men, who readily fall victims to slight disturbing causes. A washing-up platform was made in the cook-house. The question of increased lateral ventilation and a storage tank for drinking-water near the cook-house are still under consideration.
Mooltan, District	534	1,339·0	33·71	Ventilation in some of the solitary cells is defective. The prison diet might be more varied. Mortality is probably attributable to the pernicious influence exerted by the influenzal taint upon the constitution of prisoners. It declined while the population was low during the last seven months of the year.
Dera Ghazi Khan	305	2,213·1	16·39	More bathing platforms are required. Sickness was due to malaria and cold.
Dera Ismail Khan	412	1,337·4	2·43	Slight overcrowding lasted during the months of March, June, October, and November. Surface drainage is inadequate, but has been somewhat improved. A tank to hold foul water from the paper factory was made.
Bannu	104	625·0	9·62	Overcrowding lasted for 178 days, and a workshop and a temporary shed were utilised to relieve it.
Kohat	99	1,767·7	20·20	The workshops were used during 15 days to prevent overcrowding of the under-trial prisoners. Sickness was principally due to climatic causes.
Peshawar	362	2,414·4	22·10	Ventilation in all the barracks is defective. This was brought to the notice of the Inspector-General of Prisons. Some of the most urgent estimates in this connection have been sanctioned by him. Peshawar valley is generally unhealthy, and the jail from its low-lying position is still more so. This accounts for much sickness here.
Simla	12	1,000·0	83·33	More ventilation is required in the female ward.
Dharmsala	106	792·5	18·87	Lateral ventilation in the wards and in the paper-making shed is not sufficient. An ablution platform is required. *Baoli* from which the water-supply is drawn is liable to become dry during the hot months. Most of the sickness was due to malarial poisoning. Diarrhœa was due to chills from the great variations in diurnal temperature.
Abbottabad	81	1,358·0	12·35	Overcrowding lasted for 14 days only. Ague occurred mostly amongst prisoners already impregnated with the malarial poison. A juvenile ward was erected during the year.
Quetta	67	4,089·6	14·93	*Nil.*
Ajmere	333	276·3	18·02	The chief causes of sickness and mortality were climatic.
BOMBAY.				
Kurrachee	353	484·4	42·49	The male under-trial ward was overcrowded for about seven months. Ventilation of the main barracks is excessive in the cold weather, while it is deficient in some of the other wards and cells. The water-supply was reported to be unfit for potable purposes. The excessive rainfall of the year combined with the water-logged condition of the soil caused much sickness and mortality.
Hyderabad	592	805·7	30·41	Overcrowding existed for four months. Personal cleanliness cannot be carried out effectually owing to the difficulty experienced in procuring water from a distance. A great many deaths occurred from pneumonia. It is believed that overcrowding assisted by climatic conditions caused the disease, as the epidemic was checked when overcrowding was relieved and freer ventilation was established.

JAILS.	Average strength.	PER MILLE.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Sind Convict Gang (Nara).	309	543·7	19·42	The prisoners were necessarily exposed to the dangers of extreme heat and cold, as they were required to labour in the open air. This was also the chief cause of sickness and mortality.
Shikarpur	483	459·6	49·69	Sufficient personal cleanliness was not attended to in the cold months, and the prisoners suffered in consequence from vermin. The water is liable to contamination from the rotting of ropes used for drawing it up. Excessive heat and extreme variations in temperature account for much sickness.
Ahmedabad	482	475·1	39·42	More or less overcrowding existed throughout the year, and the factory sheds were used as dormitories. The system of attending to calls of nature at night in open vessels by the prisoners in the solitary cells is objectionable. The character of the clothing of a certain proportion of prisoners was objectionable. The city is defective in respect of its drainage. Sickness and mortality were due to malaria, great diurnal variation of temperature, and the depressing influence of the prison-life in prisoners possessing a weak constitution, etc.
Kaira	176	670·4	113·64	The jail was overcrowded throughout the year. Satisfactory arrangements for conservancy are not possible during the night. No good water is procurable in the neighbourhood. The large number of deaths from pneumonia probably points to insufficient protection from cold at night. Diarrhœa and dysentery might be partly due to the same, partly to the bad quality of the drinking-water.
Rajkot	54	592·6	18·52	None.
Surat	210	228·6	52·38	Slight overcrowding occurred during the greater part of the year. The ventilation of some of the cells is insufficient. The water of the Ghoredore well was pronounced by the Chemical Examiner unfit for drinking purposes, but as there is no other good source, the same water is still used after being boiled and filtered. The sweepers' sheds, which have been frequently reported upon, still remain undisturbed. Sickness was chiefly due to the general unhealthiness that prevailed throughout the district, and also to a large number of prisoners being admitted in an indifferent and bad state of health. Throughout the whole district cholera was prevalent during the months of April to July.
Nasik	47	361·6	21·28	Overcrowding lasted throughout the year. The roof ventilation of all the cells, except one, is defective. Sickness and mortality were due probably to the overcrowding, want of ventilation, and the situation of the jail, which is surrounded by dwelling-houses on all sides.
Dhulia	380	239·5	18·42	Slight overcrowding in all the wards occurred from September to the end of the year. Sickness and mortality were due to climatic influences and changes in the weather.
Yerrowda	1,495	1,516·4	21·40	Since May there was overcrowding in the jail, and work-sheds were used to relieve this. Ventilation is excessive, and in the case of radiating barracks, it is almost impossible to remedy this. Personal hygiene is not satisfactory owing to the want of proper arrangements for bathing. Warm clothing as now supplied is not sufficient. The health of the prisoners would be better protected by the issue of another good blanket, and by some sort of regular exercise for such as are engaged in sedentary jail occupations after having been used to a more active life outside.
Dharwar	356	1,028·1	28·09	The male wards remained overcrowded throughout the year. Ventilation of some of the sleeping barracks, and specially of the cells, is very defective. The water-supply during the hot months is very restricted. Influenza was epidemic during February and March. Ague, diarrhœa, and dysentery were chiefly due to chills from sudden variations of temperature.
Bijapur, District	278	1,823·7	35·97	Overcrowding lasted more or less throughout the year. Sickness was principally due to climatic causes. The ventilation of the cells was improved.
Deccan Convict Gang	254	252·0	7·87	Clothing was insufficient and scarcely adapted to the season.
Thana	742	1,094·3	47·17	The prison was overcrowded more or less throughout the year. Fevers were entirely due to climatic causes.

Jails.	Average strength.	Per mille.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Bombay, Common	294	292·5	27·21	Overcrowding lasted in the male wards throughout the year, while in the female wards it occurred at intervals. The surroundings are bad from the defective drainage and overcrowding. Diseases were principally due to the bad habits of the prisoners prior to conviction.
Bombay, House of Correction.	315	307·6	22·22	Overcrowding lasted throughout the year. Some of the cells are badly ventilated. Sickness and mortality were, as usual, due to climatic influences and to bad health of the prisoners admitted.
Ratnagiri	92	565·2	...	Ague and dysentery were the prevalent diseases and were due to climatic causes.
Karwar	91	131·9	43·96	Malaria was the chief cause of sickness.
Aden	59	983·0	33·90	There was overcrowding from 18th August to 10th September and again from 30th September to 18th November. Malarial fevers and subsequent debility were the principal causes of admission into hospital.
BERAR.				
Amraoti	511	1,191·8	21·53	Sickness and mortality were due to bad health of prisoners on admission. Verandahs were built to four barracks.
Akola	528	1,736·7	37·88	Overcrowding lasted for two months only. The wave of sickness which passed over this jail in the latter part of 1893 continued its effect till about April 1894. Since then the health of the prisoners has considerably improved.
Ellichpur	44	613·6	...	None.
Buldana	63	1,269·8	15·87	Sickness and mortality were principally due to malaria.
Basim	58	706·9	51·72	Overcrowding occurred only for a very short time in January. The badly-drained slope to the south-east of the jail is objectionable, this being a fruitful source of malarial fevers. Concrete flooring to the hospital ward was recommended.
Yeotmahl	81	802·5	37·04	The jail was overcrowded all through the year. The broken state of health from ague in which the prisoners were admitted was certainly a chief source of sickness.
Secunderabad	82	890·2	...	During the prevalence of cholera the prisoners were kept at intramural labour.
CENTRAL PROVINCES.				
Jubbulpore	1,305	685·1	19·92	Ventilation in the upper stories of the new hospital building is too free, and proposals were made to remedy this. The first class labour is very severe.
Saugor	165	484·8	60·61	The under-trial and the female wards were overcrowded for about two months, and fifteen days, respectively. The roof ventilation of the sleeping barracks is defective. The diet supplied to the females was very insufficient. Sickness and mortality were principally due to the admission of famine-stricken and diseased persons into jail. Latrines were constructed in each workshed. Wooden shutters to the sleeping barracks were recommended.
Damoh	86	1,139·5	93·02	Overcrowding lasted for 83 days, the female wards being specially overcrowded. The water ran short in the hot weather as usual. The new well, when completed, it is hoped, will remedy this. Guinea-worm is endemic in the district. Great distress, owing to the total failture of the *rabi* crops, prevailed in the district, and the number of men imprisoned for petty offences consequently increased. The two main causes to which dysentery was attributable were, first, malnutrition and digestive debility of the famine-stricken prisoners, and secondly, overcrowding of the hospital. The very heavy rains had much to do with admissions from diarrhœa and ague. A barrack to accommodate 30 men was constructed. Iron cots were provided in the hospital. Recommendations made were to issue an extra ration of vegetables, and to construct day latrines, a new cook-house, and a female hospital.
Sambalpur	146	979·5	54·79	Overcrowding in the male convict and the under-trial barracks existed for 64 and 51 days respectively. The jail is rather shut in by trees. During the flooding of the Mahanadi the soil becomes more or less water-

JAILS.	Average strength.	PER MILLE.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Sambalpur—*contd.*				logged. Malaria-tainted, diseased, and underfed prisoners admitted into the jail account for much sickness. The jail site is crowded and badly situated for ventilation.
Raipur . . .	686	707·9	13·12	The largest amount of sickness was, as usual, due to malaria. The drinking-water was obtained from the Raipur water-works.
Bilaspur . . .	135	1,703·7	29·63	Overcrowding lasted for eight months, and work-sheds were used as sleeping wards. Ventilation was improved. Surface drainage is defective owing to the flatness of the ground. Proper arrangements for the washing and the bathing of the prisoners are wanting. The site of the well used by the male prisoners is unsatisfactory. Sickness and mortality were in no way attributable to jail influences.
Mandla . . .	66	500·0	15·15	Overcrowding only for a short time at intervals occurred in the convict and the under-trial barracks. Ague was due to climatic causes; dysentery to chill and malaria. A second bathing platform was constructed.
Seoni . . .	106	1,066·0	56·60	Sickness was due to climatic causes, and to the sickly condition of the prisoners admitted.
Chhindwara . .	99	222·2	40·40	Lateral ventilation in the casual ward is defective.
Betul . . .	61	655·7	32·79	Ague and remittent fever were caused by malaria and chills; dysentery by exposure to wet during the rains. Night latrines were built. The civil ward was enclosed by a wall with separate kitchen and day-latrine accommodation. To provide shutters and verandahs to all barracks was recommended.
Narsinghpur . .	123	1,617·9	73·17	Slight overcrowding occurred in all the wards throughout the year. Sickness was due to climatic influences. Several alterations, additions and improvements in the buildings were effected during the year.
Hoshangabad . .	129	1,798·5	85·27	Some of the windows were closed up half-way to check too free ventilation during the rainy and cold weather months. A proper system for distributing water to the barracks is wanted. Sickness was greatly due to climatic causes. Recommendations made were to build a cook-room; to make arrangements for proper supply of water to each barrack; to substitute iron railings on a 3 feet wall for the present high wall between the factory yard and the rest of the jail; and to provide a night latrine in Ward No. 3.
Nimar . . .	62	596·8	16·13	Water-supply insufficient for bathing purposes. The chief cause of sickness was the admission into jail of debilitated prisoners whose system had been saturated with malaria. Cholera and influenza, though epidemic during the year in the district, did not affect the jail.
Nagpur . . .	989	1,323·6	33·37	There were an influenza epidemic and a scurvy outbreak during the year which affected both the city and the jail population. Surface and subsoil drains, aggregating in length 2 miles and 530 yards, were constructed both inside and outside the jail.
Bhandara . .	82	865·9	12·20	Overcrowding lasted for a few days. The year was a very unhealthy and trying one owing to continuous high prices, a severe epidemic of influenza, and great prevalence of malarial fevers. A large proportion of prisoners were elderly men in an enfeebled condition from the above causes, and amongst these most of the admissions to hospital took place.
Wardha . .	56	1,982·1	35·71	Slight overcrowding in December occurred in the under-trial and the convict wards. Sickness was generally due to the unhealthy condition of the district. Diarrhœa might have been due in some instances to the consumption of oil cake, and oil, and raw wheat flour by prisoners. The under-trial ward should be enlarged and the water-supply improved.
Chanda . .	117	931·6	25·64	Overcrowding in the under-trial wards occurred during October, November, and December, and in the female ward during August and November. The lateral ventilation of the under-trial wards is defective. Ague was due to malaria; dysentery and diarrhœa to improper food.
Sironcha . .	6	1,166·7	166·67	None.
Balaghat . .	84	833·3	47·62	Overcrowding both in the male and the female wards lasted for 227 days. General climatic influences together with prevailing high prices reduced the physical condition of almost all prisoners admitted into the jail, and consequently increased the average number of sick prisoners. High walls between the factory

Jails.	Average strength.	Per mille.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Balaghat—*contd.*				and the hospital yards were lowered. Recommendations made were to lower the cross walls, and to convert two sleeping barracks into one by the removal of the partition wall.
MADRAS.				
Mangalore . .	91	846·2	32·97	The prevailing diseases were due to climatic influences and to sudden change of diet on admission into jail.
Cannanore . .	730	1,071·2	26·03	The well from which the water-supply for the jail is mainly drawn during the hot months is too near cultivated fields and the jail graveyard, but no injurious effects could be traced to the water of this well. Sickness was principally due to climatic influences and malaria. There is no doubt that the sudden change in the diet of prisoners from rice to *raggi* cannot but act prejudicially on a large number of them, and give rise to digestive disorders. It is recommended that prisoners convicted for the first time should be gradually accustomed to the change of diet.
Madras Debtors, Natives.	26	1,730·8	...	None.
Madras, Penitentiary	829	1,270·2	12·06	The close proximity of the foul river Cooum is objectionable. Ague was undoubtedly due to prisoners residing in malarious districts prior to their admission into jail; respiratory diseases to climatic causes and in some cases to previous bad health; bowel complaints to changes in the weather, or to some error in diet, or to previous bad health. Certain additions and improvements in the prison accommodation were carried out during the year.
Bellary . . .	354	1,203·4	30·07	There was general overcrowding for more than six months during the year, and workshops were used to accommodate excess population. Seventy-five new cells were constructed.
Vellore . . .	1,036	894·8	20·27	Influenza in an epidemic form appeared on the 4th April 1895, and did not subside until the 3rd May following. Ague was most probably due to slight chills in those who had already got malaria. Dysentery and diarrhœa were most prevalent in January when cholera was present, and during the monsoon. Cholera broke out on the 30th December 1893, and subsided on the 17th January 1894, being probably brought from outside the jail by new admissions from places where cholera was already present. The quarantine ward was extended to accommodate 54 prisoners. A contagious ward and a central kitchen are under construction.
Cuddalore . .	218	518·3	13·76	There was some overcrowding during the latter part of the year.
Cuddapah . .	189	1,740·7	42·33	Sickness and mortality were due to bad climate and the sickly health of prisoners on admission. The raising of the hospital flooring and some provision for extra ventilation of the hospital were recommended.
Coimbatore . .	954	424·5	7·34	Two cholera-sheds were erected outside the jail to receive suspected cases of diarrhœa.
Madura . . .	379	377·3	26·39	None.
Trichinopoly . .	933	605·6	20·36	Influenza was prevalent during the early part of the year. Cholera-sheds were constructed outside the jail limits.
Salem . . .	620	419·4	6·45	Slight overcrowding occurred from the 1st January to the 15th March, and again from the 1st June to the end of the year. Covered carts for the removal of excreta from the latrines are required. Occasionally defects in the diet were noticed by the medical officer. The health of the prisoners was, on the whole, good. The erection of two cholera-sheds, the burial of night-soil according to para. 824 of the jail rules, and the removal of urine *chatties* and night-soil carts from near the hospital, were recommended. Materials for construction of cholera camps, when necessary, should be available at short notice.
Tanjore . . .	346	335·3	5·78	Bowel complaints were largely due to the prisoners not being able to thoroughly digest the *raggi* pudding. Verandahs are required for some of the cell-blocks, as the rain beats in and makes the floors damp. *Pials* were erected in the cells for prisoners to sleep on.
Palamcottah . .	354	415·3	28·25	There was slight overcrowding throughout the year. No particular cause can be assigned for sickness and mortality.

Jails.	Average strength.	Per mille.		Sanitary defects, improvements, suggestions, etc.
		Admissions.	Deaths.	
Rajamundry	795	625·2	17·61	Sickness was principally due to climatic causes, malaria, and the bad state of health in which prisoners were admitted into jail. A contagious ward was constructed outside the jail. The sites of the slaughter and the burial grounds were changed. Strict enforcement of the quarantine and more thorough and efficient vaccination of prisoners were recommended. An additional quarantine ward is required.
Vizagapatam	193	357·5	20·73	The Christian burial-ground near the jail is objectionable.
Nellore	93	892·5	21·51	None.
Berhampur	116	405·2	...	Dysentery was due to chills. Ague was epidemic in different parts of the district. The outer wall of the jail has been thrown out considerably, and now the space within the walls is much more open. The work is still in course of construction. Diarrhœa, which used to break out in epidemic form during the rainy season, was checked by the careful exclusion of certain vegetables, better ventilation, early issue of extra blankets, etc.
Russellkonda	76	565·8	13·16	Sickness and mortality were due to climatic causes.
Parvatipur	214	654·2	126·17	General overcrowding occurred in this jail during portions of the months of June and July; there are too many buildings within the enclosure wall, and the buildings are too near the encompassing wall. Dysentery, diarrhœa, and ague were principally due to climatic causes and to constitutional infirmity of the prisoners admitted into jail. The outbreak of dysentery was probably aggravated by the overcrowding of buildings within the jail enclosure. Three additional blocks were completed and handed over for use. Towards the end of the year three sheds were demolished to relieve the site-crowding.

SECTION V.

VITAL STATISTICS OF THE GENERAL POPULATION.

General remarks.

97. The returns of vital statistics received from Local Governments and Administrations, from which this section has been compiled, are, as yet, far from accurate, and the results summarised in the appended tables must be considered as only in some instances approximately correct. The statistics relating to the rural population are, on the whole, more reliable than those registered in the urban circles, although in the latter the Municipalities may, under their bye-laws, punish those responsible for neglecting to report births and deaths. These bye-laws are, however, seldom enforced, as the necessity for doing so is not always appreciated by the members of the Committees.

The arrangements for registering births and deaths are somewhat similar throughout India, and the actual percentage of errors due to defective registration may be assumed to be about the same in most of the Provinces, so that the figures are of relative value in comparing the results obtained in one Province with those of another.

The machinery for recording events is imperfect, and the subordinate staff, both executive and inspectorial, are inadequate in number, and are neither by intelligence nor education well qualified for the duties. Proposals for placing the executive of the Sanitary Department on a more satisfactory position are now under the consideration of the Government of India in communication with Local Governments. These proposals, if finally adopted, will, among other things, greatly tend to improve registration.

But completely accurate returns cannot be expected until the people themselves take an interest in the matter and assist the staff by their voluntary action.

Births.

98. In 1894 the highest birth-rate, 43·9 per mille, was recorded in the Punjab, and, omitting the Native State of Mysore, the lowest birth-rate, 26·43, in Coorg. In eight provinces the birth-rates were above 31 per 1,000, but in all of them the variations among the ratios in the different circles were still very great. Compared with the preceding year there was an increase in the ratios in seven provinces. The births exceeded the deaths in nine provinces, and in three the deaths were in excess of the births.

Deaths.

99. Excepting in Mysore and Coorg, the death-rates in all the provinces were higher than in the preceding year, and in almost all of them the ratios for rural circles were lower than those of the towns.

The death-rate of infants was unusually high in the Central Provinces, having been 439·45 per mille for boys, and 381·52 for girls. These rates have not been equalled or even approached by the ratios of any other province. The next highest figures were 327·43 and 296·33, respectively, in North-Western Provinces and Oudh, and the lowest were 142·7 for boys and 119·1 for girls in Madras

Cholera was most prevalent in North-Western Provinces and Oudh, Bengal and Assam. In only Assam, Berar and the Punjab the mortality from small-pox was greater than in the previous year. Except in Lower Burma and Mysore fevers were everywhere more prevalent and fatal than the year before. As in the previous year the mortality from dysentery and diarrhœa was greatest in Berar.

In the following table the deaths recorded from all causes in the different provinces are shown month by month :—

Statement showing the Deaths from all causes according to Months in the different Provinces of India during the year 1894.

PROVINCE.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	RATIOS OF DEATHS PER 1,000 OF POPULATION.	
														1894.	1893.
Bengal . .	239,462	160,107	179,040	218,634	197,561	160,886	201,712	199,998	194,337	240,382	239,086	247,891	**2,479,096**	**34·83**	28·21
Assam . . .	15,087	9,940	10,778	12,535	13,222	13,565	12,336	11,279	12,170	13,307	14,746	15,126	**154,081**	**30·69**	30·28
North-Western Provinces and Oudh	107,492	93,388	114,010	149,042	180,701	157,774	149,213	202,657	193,983	233,243	223,144	189,131	**1,993,778**	**42·51**	24·1
Punjab	65,673	53,593	49,809	49,791	62,758	51,300	41,206	51,045	67,848	100,724	88,790	68,144	**750,681**	**36·52**	28·1
Central Provinces.	23,106	20,756	31,607	36,105	32,040	23,209	21,236	32,431	36,507	35,436	33,613	27,560	**353,606**	**37·22**	27·7
Berar	8,497	7,432	15,269	13,660	11,390	5,517	6,512	11,659	11,640	9,827	10,267	7,891	**119,561**	**42·0**	32·6
Lower Burma .	8,244	6,822	6,773	6,721	7,164	8,101	11,690	11,568	10,850	9,862	10,026	8,586	**106,407**	**23·56**	21·7
Madras Presidency	83,694	58,656	51,494	49,309	52,257	48,586	49,919	52,222	52,912	53,223	57,545	62,851	**672,668**	**20·0**	19·3
Bombay Presidency	47,923	46,464	53,447	51,825	58,939	48,547	55,474	56,382	48,537	45,565	50,940	43,136	**607,179**	**32.26**	27·2
Ajmere-Merwara .	2,236	1,995	1,868	1,599	1,353	811	846	1,286	1,198	1,008	1,314	1,311	**16,825**	**31 02**	23·3
Coorg	353	340	299	343	401	477	427	360	357	295	298	306	**4,256**	**24·59**	24·9
Mysore . .	5,972	4,748	4,879	4,635	5,241	4,372	5,208	4,690	4,566	4,809	5,251	5,476	**59,847**	**12·36**	15·79
TOTAL .	607,739	464,241	519,273	594,199	623,027	523,145	555,779	635,577	634,905	747,681	735,020	677,409	**7,317,995**	...	...

100. The total number of births registered in Bengal during 1894 was 2,332,247, giving a birth-rate of 32·81 per mille, against 35·66 in the previous year. This birth-rate is 18·99 less than the birth-rate of 51·8 estimated for Bengal from the figures obtained in the Census of 1891. The provincial Sanitary Commissioner is inclined to the belief that the falling off is due to the great unhealthiness of the year, malarial fevers having been very prevalent. It is pointed out, however, in their review of the provincial Sanitary Report, by the local government, that this explanation, if valid at all, is quite insufficient, and that the true one is defective registration, particularly in urban circles.

Bengal.

The ratio of births registered in 147 towns with an aggregate population of 3,453,465 was only 22·77 per mille, while in 1893 it was 26·27. The recorded birth-rate exceeded 40 per mille in only five towns, namely, Jamalpur (47·98), Chatra (46·83), Lohardaga (43·45), Bihar (41·02), and Jasaram (40·06). In seven towns the rates were betweeen 35 and 40, in twenty-one between 30 and 35, and in sixty-four between 20 and 30. In fifty towns the birth-rates were below 20 per mille, and in three of these—Nasirabad (8·39), South Barrackpore (7·88), and Jhalakati (6·34), they were below 10.

The population of the 553 rural areas, in which births were registered, is 67,616,768, the number of births registered was 2,253,603, and the birth-rate 33·32 per thousand, against 36·14 in 1893. The highest rates for the rural areas in a district were recorded in Palamau 43·82, Backergunge 43·75, Hazaribagh 40·27, and the lowest rates were returned from Shahabad 29·34, Midnapore 29·72, Hooghly 28·83, Jessore 28·74, Singhbhum 28·93, Darjeeling 28·33, 24-Parganas 27·81, Purnea 27·33, Manbhum 25·94. In the remaining rural areas, the birth-rates ranged between 39·33 in Lohardaga and 30·02 in the district of Burdwan. The percentage of males born to females was 106, against 107 in 1893.

The deaths registered during the year numbered 2,479,096, giving a death-rate of 34·88 per thousand persons living, against 28·21 in 1893. This, although 2·07 per mille higher than the birth-rate, is far below the estimated death-rate for Bengal, which is 44·8. As the year was more than ordinarily unhealthy this is evidence of imperfect registration.

The urban death-rate increased from 30·03 in 1893 to 35·34 in 1894, the rates varying between 82·33 in Chaibassa and 10·57 in Jhalakati. In Jagadishpur, Buxar, Bhadreswar, Dumraon, and Bansberia rates over 60 per millewere registered, in fifteen other towns the rates were over 50, and in thirty they were between 40 and 50. In nine towns the death-rates were under 20 per thousand; these were Baruipur, Darjeeling, Khulna, Cossipur, Chitpur, Sirajgunge, Nalchiti, Pubna, Manicktola, and Jhalakati. In all these, except Darjeeling, the low rates were due to bad registration. In Darjeeling the population is increased by immigrants from Nepal, who, while they swell the population on which it is calculated, do not contribute to the death-rate, as they generally go to their homes when they fall sick.

The death-rate in rural areas increased from 28·12 in 1893 to 34·85 in 1894, the figures ranging from 52·95 in Shahabad to 22·23 in Tippera. In the province as a whole, the death-rate among males was 37·16 and among females 32·61, against 29·91 and 26·53 respectively in the previous year. The death-rates per thousand living of infants under one year of age was 234·38 among males and 191·23 among females, as compared with 207·04 and 168·76 respectively in 1893. The death-rate in the age period one to five years was 47·96 for males and 41·90 for females. The recorded statistics of 1894 show the male death-rates to have been higher than the female rates in all age periods.

The number of European seamen who arrived in the Port of Calcutta during the year was 17,900, and the daily average population was 1,481, against 16,218 arrivals and a daily average population of 2,081 in 1893. There were 27 deaths, including 24 in hospital, against 36 in 1893, and the death-rate was 18·23 against 17·29. The average native floating population is estimated to number 25,000; calculating on this figure, the death-rate in 1894 was 5·48 per mille against 2·88 in the previous year.

Assam.

101. Registration was extended during the year to several of the larger villages in the Garo Hills district, having an aggregate population of 26,679; the recorded birth-rate in these villages was 25·82 per mille, while the death-rate was 30·01; although apparently incorrect, these results are good as a beginning. At Kohima, which is also excluded in calculating the provincial figures, birth and death rates of 29·20 and 16·84 per mille respectively were recorded.

In the rest of the province there were 156,153 births registered in 1894, equal to a birth-rate of 31·10 per thousand: this shows some improvement over previous results, but, as the true birth-rate for Assam has been computed from the census figures at 48 per thousand, the provincial Sanitary Commissioner is probably correct in believing that 30 per cent. of the births are not registered.

The highest birth-rates were 40·09 per thousand, registered in Goalpara, 34·01 in Sylhet, and 32·15 in Cachar, while the lowest rates were 25·51 in Kamrup, 24·38 in Darrang, and 22·19 in Nowgong. In Nowgong, although there was much sickness, the low birth-rate is believed to have been due chiefly to defective registration.

In the nine head-quarter and eleven subdivisional towns, where registration is compulsory by law, the average birth-rates were 24·28 per mille in the former and 29·97 in the latter. The highest birth-rates were 38·27 and 34·86 registered in Dibrugarh and Sibsagar respectively. The lowest were registered in Mangaldai (15·73), Silchar (16·88), Dhubri (19·47), and Sylhet (16·04). In the first three of these towns the number of males is much larger than that of females, but in Sylhet the disproportion is comparatively slight, and there, the Sanitary Commissioner estimates, half the number of births are unregistered. In the province as a whole, the percentage of males born to females was 108, ranging from 99 in the Khasi and Jaintia Hills and 103 in Goalpara, to 113 in Lakhimpur.

The number of deaths registered during the year was 154,091, and the death-rate was 30·69, or ·41 per thousand lower than the recorded birth-rate.

The highest death-rates were recorded in Goalpara, (43·20 per thousand), where fevers and smallpox were prevalent, and in Nowgong (41·60), where the recorded mortality from *Kala Azar* has greatly increased. The lowest death-rate, 20·96, was recorded in the Khasi and Jaintia Hills, and the next lowest, 23·93, in Cachar. These districts are no doubt comparatively healthy, but the actual death-rates must be very much higher than those registered. In all districts, except Cachar, Sylhet, and the area of the Khasi and Jaintia Hills under registration, the death-rates were higher than the birth-rates, and in Nowgong the death-rate was nearly double the birth-rate. It is the general opinion that the registration of births in Assam is much more defective than the registration of deaths.

The average recorded death-rate in the head-quarter towns, including deaths which occurred in the dispensaries, was 37·02 per thousand, and 25·55 excluding these deaths; the corresponding figures for the subdivisional towns were 39·45 and 32·74. Excluding deaths in dispensaries, the lowest death-rates were recorded in Karimganj (17·02), Shillong (16·82), Sylhet (12·69), and Hailakand (10·77). In all these towns registration is probably very defective. The highest death-rates were 49·63 and 44·63 per thousand recorded in Nowgong and Tezpur respectively.

Excluding the Khasi and Jaintia Hills, in the province as a whole, for every 100 female deaths recorded, there were 116 male deaths, the excess of male mortality ranging from 32 per cent. in Nowgong to 9 per cent. in Sibsagar and Lakhimpur, and 6 per cent. in Goalpara.

Calculated on the number of infants under one year of age living, the ratios of mortality were for males 182·65 and for females 161·56 per mille, against 159·58 and 141·36 for males and females respectively in 1893. The death-rates of children between one and five years of age were, for males 34·56, and for females 33·45, per mille. At all age periods except those between 15 and 30 years, the death-rates of males were the higher.

The largest numbers of deaths were registered in January and December, and the smallest numbers in February and March.

North-Western Provinces and Oudh.

102. While in the North-Western Provinces, 1893 was a year of exceptional healthiness and prosperity, 1894 was, from the public health point of view, the most unfavourable ever known. In the former year the births exceeded the deaths by 790,614, in 1894 the latter exceeded the former by 131,743. In 1894 there were 1,862,035 births registered, and the birth-rate was 39·70, as compared with 40·95 in 1893, and 36·49, the mean of the previous five years.

In 28 of the 48 districts birth-rates over 40 per thousand were recorded. The highest rates were obtained in the districts of Bulandshahr (51·74) and Agra (51·64), and the lowest in Naini Tal (27·32), Dehra Dun (27·89), and Ghazipur (27·97). The mean birth-rate in town circles of registration was 40·91, against 39·54 in rural circles. In three of the 103 municipal towns, Fatehpur-Sikri (66·50), Sahaswan (61·41), and Pihani (60·05), the birth-rates were over 60 per mille, and in thirty-one over 50, while in ten, including Dehra (23·31), Mussoorie (22·56), and Naini Tal (19·28), the rates were under 30. The percentage of male to female births in the provinces, as a whole, was 109·58, against 109·47 in 1893.

The number of deaths recorded was 1,993,778, or 863,561 more than in 1893, and the death-rate, the highest on record, was 42·51 per mille, compared with 24·10 in that year and 30·98, the mean of the previous five years. The fever mortality was exceptionally great, and cholera was widespread in the provinces.

In the districts the death-rates ranged from 53·15 per mille in Kheri and 52·19 in Lucknow, to 26·54 in Mainpuri and 25·18 in Dehra Dun: in 31 districts the rates were over 40 per mille. The excessive rise in the ratios of mortality was equally marked in both urban and rural populations, the death-rate in 1894 among the former was 48·83, and among the latter 42·04, against 29·71 and 23·68 in the previous year. The average death-rate in the municipal towns was 48·37, ranging from 75·36 in Unao to 18·67 in Mussoorie. In twelve towns the death-rates were over 60 per mille, and in eight, Naini Tal, Bareilly, Dehra, Mussoorie, Sikandra Rao, Etah, Kasgunj, and Bela, the rates were below 30. Among Hindus, Muhammadans, and 'Other classes' the death-rates were 42·70, 41·39, and 38·53 respectively, against 23·99, 24·67, and 27·04 in 1893. Among infants under one year of age, the death-rates per thousand living, were of males 327·43 and of females 296·33. Among boys and girls, between one year and five years of age, the rates were respectively 81·14 and 79·57. At all age periods except those from 15 to 30 years, the male death-rates were the higher. In the provinces 111·69 male deaths were recorded for every 100 females. The lowest mortality was recorded in February, and the highest in October.

Punjab.

103. Further efforts to improve the registration of vital statistics were made in the Punjab during the year. The subject of defective registration was considered by the Sanitary Board, and as a result of their deliberations they submitted the following recommendations to the Local Government:—

"*a.* That the district vaccination staff be more systematically used than heretofore in checking the *chaukidar's* memorandum books of births and deaths throughout the year."

"*b.* That a divisional inspector of vaccination and of births and deaths be appointed for each division of the province, the duties of this officer being to inspect vaccination in the vaccination season, and the *chaukidar's* memorandum books in the summer."

"*c.* That the Civil Surgeon should be ordered as before to go on tour for not less than ten, and not more than fourteen, days in every quarter, and that they should inspect vaccination and also birth and death registers whilst on tour, this being the especial duty of these officers."

The Board also remarked that, unless the existing native agency is properly inspected by European officers, it is impossible to depend upon the accuracy of the registers.

The Government of the Punjab have ordered that Civil Surgeons are to go on tour twice a year for the purpose of inspecting vaccination and birth and death registers, and have sanctioned, as an experimental measure, the appointment of five divisional inspectors of vaccination and registers, in addition to the one already employed in the Rawalpindi Division. Although these inspectors were employed for only a short time before the close of the year, they detected a large number of omissions in the registers. It was found that the numbers of detected omissions in the birth registers were greater than the numbers of omissions discovered in the registers of deaths; this is due partly to the fact that the registration of births is the more defective, and partly to the facilities afforded by the lists of vaccinated children for the discovery of omissions in the birth registers.

In connection with the orders, referred to in this report for 1893, under which *Tahsildars* and *Naib-Tahsildars* were to inspect village registers while on tour, the Sanitary Commissioner received reports from 27 districts; the registers of 6,418 villages had been inspected, and 991 omissions in the birth registers and 564 in the death registers were discovered. This, compared with the results achieved by the divisional inspectors during the short time they were employed, is not satisfactory. In many districts vaccinators rendered assistance in the detection of faulty registration.

During the year, in the municipal towns, 199 persons were fined for neglecting to register births or deaths, the amount of the fines realised being R164.

The number of births registered in 1894 was 902,941, and the birth-rate was 43·9 per thousand of persons living; this rate, which is the highest yet recorded, is 8·9 per thousand in excess of last year's, one of the lowest registered in recent years, and 7·9 per thousand higher than the mean ratio of the five years, 1889-1893.

In every district the recorded birth-rate for the year was higher than the average of the quinquennium. This improvement, which was most notable in the frontier districts, is attributed to improved accuracy in registration, and to the healthiness of 1893. While there has been a marked general improvement, there is still a wide difference in the quality of registration in different districts; in fourteen, headed by Gujranwala (51·0) and Amritsar (49·1), the rates were over 45 per mille, while in two, Peshawar (24·4) and Simla (21·1), the rates were below 35. The average birth-rate of the 45 large municipal towns was 42, or 5 per mille in excess of the average recorded birth-rate in 1893. Here again there was great variation; in nine towns, namely, Chunian, Kaithal, Sonepat, Maghiana, Sialkot, Palwal, Panipat, Chiniot and Batala, the rates ranged from 51 to 58, in twenty-two towns they were between 40 and 49, while in fourteen they varied from 30 to 39.

The proportion of male births recorded, as compared with female births, was 111·8 to 100, about 1 per cent. less than in 1893, and nearly 3 per cent. less than the average of the previous ten years; as usual, in Peshawar (153·9) and Dera Ghazi Khan (127·1) the high proportions of male to female births was most marked. In the Peshawar district this matter is being made the subject of a special enquiry.

There were 750,681 deaths registered during the year, giving a ratio of 37 per thousand of the population, against 28·13 in 1893. As usual the lowest death-rates were returned from the frontier districts of Peshawar 22·3, Hazara 22·9, Dera Ghazi Khan 23·3, and Bannu 23·8. In the district of Shahpur the death-rate 23·5 was also very low. The highest death-rates were recorded in Jullundur 56·06, Amritsar 53·75, Gurdaspur 50·85, Umballa 49·18, Hoshiarpur 48·99, and Karnal 46·67. Although Jullundur was the most unhealthy district in 1894, this is exceptional and was due to excessive flooding on account of the breaking of an embankment in August at Adampur, about twelve miles north of Jullundur town, so that water lay on the surface of the ground in the neighbourhood of Jullundur and Kartarpur towns for a considerable time.

The other districts named above are mostly water-logged, and the death-rates in them depend on the mildness or severity of the "autumnal malarial fevers, and this in turn is determined by the amount of rainfall and flooding in each locality." The higher death-rate recorded in the province generally is attributed by the provincial Sanitary Commissioner to improvement in registration. In the towns the average death-rate was 42·47 per mille. The highest rates were 102·96 recorded in Kartarpur, which, as noted above, was flooded in August, and 83·28 recorded in Batala in the Gurdaspur district. Batala was also inundated, an unprecedented flood having covered the district surrounding the town, where the land being low-lying and undrained, the water remained stagnant for months. To flooding are also ascribed the high death-rates recorded in the towns of Amritsar 59·62, Tanda *cum* Urmar 58·55, Jagadhri 57·18, Kasur 56·38, Kaithal 53·27, Jullundur 51·87, Dera Ismail Khan 50·94, Panipat 50·53, Hoshiarpur 50·50, and Karnal 50·12.

The death-rate of the Muhammadan population was 35·67 per mille, against 37·63 among the Hindus and 18·01 among Native Christians; in 1893, these ratios were among Muhammadans 29·37, Hindus 26·89, and Native Christians 14·69. The death-rate among the Native Christians is much understated. The death-rate of infants under one year of age, per thousand living, was 257 for males, and 244 for females, against 177 and 169 in 1893. The death-rates among female infants exceeded the death-rates among the males in the districts of Jullundur, Amritsar, and Ludhiana. Regarding the Jullundur district it is stated that female infanticide still prevails in some Jat villages, and that it is becoming the practice to report the birth of a girl as that of a boy, in order that the death, if it occurs, may cause less inquisition. The provincial Sanitary Commissioner believes that female children are neglected and exposed, so that they die from natural causes.

Among children under five years and over one year of age, the death-rates were, among males 65·03 and among females 66·88; at all other age periods, except those between 40 and 50 years and 50 and 60 years, the female death-rates were higher than those of males.

The highest mortality of the year was recorded in October followed in order by November and December; the lowest mortality was recorded in July, followed by March and April.

Central Provinces.

104. The number of births registered during the year was 368,884, or 5,675 more than in 1893, and the birth-rate in 1894 was 38·82 per thousand, against 38·23 in the former year, and 39·48, the average of the previous five years. As compared with the figures of 1893, there was an increase in the birth-rates in nine districts and a

decrease in seven, while in three the rates obtained in both years were nearly alike. In six districts the birth-rates were over 40 per mille; the highest was 42·92, obtained in Murwara, and the lowest 33·28 in Burhanpur. The average birth-rate in the 44 municipal towns, where registration is compulsory, was 32·88, or 6·47 per mille less than in the rural circles of the province, and varied from 46·51 and 45·99, in Lodhikhera and Deori respectively, to 17·63 and 17·08 in Harda and Bilaspur. In the whole province the births of 106·40 males were recorded for every 100 females, the percentage of excess being highest in Burhanpur, where it was 14·92. Although the provincial birth-rate was 1·6 per mille higher than the death-rate, in eleven districts the death-rates were the higher.

The total number of deaths recorded was 353,606, or 90,463 more than in 1893, and a larger number than in any of the previous ten years except 1889. The death-rate was 37·22 per thousand against 27·70 in 1893, and 34·23, the mean of the previous five years. The district death-rates ranged from 48·34 in Nimar, to 29·01 in Sambalpur and 28·37 in Bilaspur. In Nimar there was a severe epidemic of influenza, and cholera was prevalent; in Betul, where the next highest death-rate was recorded (47·79), and Wardha (47·43), the same causes were at work. In Chhindwara (45·86) the cholera mortality was 2·82 per mille, and in Hoshangabad and Narsinghpur influenza was common and fatal. In Saugor (43·93) a continued break in the rains ruined the harvest and many of the people were seen in a starved condition; in Damoh (40·99) red rust attacked the crops and great distress prevailed, and in Jubbulpore (39·16) the rainfall was insufficient. The average death-rate in the rural circles was 37·44, or 2·71 more than in the towns. There can be no doubt that registration is more imperfect in the latter than in the former; a more rigorous administration of the municipal bye-laws is required. Among infants under one year of age, the death-rate of males was 439·45, and of females 381·52, per mille living; and among children over one year and under five, 48·92 and 40·30 per mille respectively of males and females died. At all age periods the recorded death-rates of males were the higher, and, although at the child-bearing ages the rates of females approached those of males, at other ages the excess of the latter was considerable. The census returns show that the proportions of the sexes living vary at different age periods; up to four years of age there is a preponderance of females, from five to 19 there is a preponderance of males, from 20 to 29 of females, from 30 to 54 of males, while from 55 upwards the numbers of females are in excess. Seeing that the registered number of boys born is greater than the number of girls, the larger number of the latter alive is peculiar, and is to be accounted for by the more accurate reporting of male births, which are reckoned of much more account than the births of girls, and by the greater mortality among young male children. Among Hindus the average death-rate was 33·77, among Muhammadans 35·79, and among 'other classes' 56·67. The greatest mortality was recorded in September and April, the least in February and July.

Berar.

105. In Berar the village officials collect and register vital statistics and the police compile and classify them; each rural circle of registration corresponds with a police circle, towns which have a population over 5,000 being shown as urban circles and having their statistics recorded separately. In municipal towns, except Amraoti Camp and Ellichpur Civil Station, registration was compulsory. The provincial Sanitary Commissioner is of opinion that the existing machinery for the collection

and collation of statistics is fairly efficient, and cannot at present be improved upon. He points out, however, that no steps have been taken in any municipality either to secure compliance with the law, or test the accuracy of the statistics obtained.

The total number of births registered in 1894 was 94,759, and the birth-rate, 33·3 per mille, was the lowest registered since 1874. As compared with 1893 there was a decrease in the birth-rate in each district. The highest rate was recorded in Buldana, 37·8, and the lowest in Wun, 24·3. The low birth-rates are attributed in general to the prevalence of epidemic disease, especially fever, in the latter part of 1893 and during 1894, and influenza in the early part of the latter year. In Wun, failure of the crops in the last three years has brought about scarcity, and caused many of the labouring population to leave the district, but in this district registration is especially defective. Among the urban population the birth-rate averaged 35·4 per thousand, compared with 33·0 for rural circles. The proportion of the sexes born was 105·3 males for every 100 females.

The total number of deaths registered was 119,561, or 26,610 in excess of the number registered in 1893. The death-rate was 42·0 per 1,000 compared with 32·6 in the previous year, and 34·8, the mean of the previous five years. The increase in the death-rate was due for the most part to 'fevers,' chiefly, no doubt, to influenza which proved very fatal in March, April, and May. Among the districts the death-rates varied between 44·3 in Buldana and 38·6 in Akola. The mean rural mortality in the province was ·5 per mille more than the urban; but in Wun, Basim, and Buldana the death-rates were higher in the towns.

In towns circles the average mortality was 41·6, the rates ranging between 63·4 per mille at Sendurjana and 30 at Ballapur and Umarkhed. In many of the towns in which high death-rates were recorded cholera prevailed epidemically. In every district the male death-rates were higher than those of females, the average numbers in the province being 112·8 male deaths for every 100 female, varying from 109·8 in the Amraoti district to 117·8 in Basim. The ratios of mortality among infants under one year of age were, for males 280, and for females 240·4, per thousand living. Among children over one year of age and under five, the rates were 109·3 and 94·6 for males and females respectively. During the age periods between ten years and forty the death-rates of females were higher than those of males. The highest death-rates were registered in March and April, and the lowest in June.

Madras.

106. No addition to the area under registration was made during the year, nor was there any important change made in the system of collecting vital statistics, although suggestions for the improvement of the latter are at present engaging the attention of the Revenue Department. In districts which contain large *zemindari* tracts registration is still most inefficiently carried out, and, in the opinion of the provincial Sanitary Commissioner, no great improvement is likely to take place unless the Collectors obtain more power to control village accountants in these tracts. In municipal towns, the compulsory clauses of the law are not enforced, but it is hoped that, as the result of continued stimulation, some improvement in the returns will be obtained.

There were 933,059 births registered in the presidency during 1894, equal to a birth-rate of 27·7 per thousand, compared with 27·0 in 1893, and 25·8, the mean of the previous five years. The highest rate recorded in any district was 33·9 per thousand in Chingleput, the lowest were 19·1 in Ganjam, 22·1 in Malabar, and 23·4 in Godaveri. Low as the rates from these districts were, they were higher than in 1893. In the municipal towns the average birth-rate was 33·2 per mille, ranging from 49·8 in Vaniyambadi and 45·6 in Dindigul, to 18·3 in Trichinopoly and 15·9 in Cuddapah. In Trichinopoly the low rate is mainly due to the indifference to registration shown by the municipal authorities, and in Cuddapah it is supposed to be caused by the effect of malaria on fecundity. In the presidency as a whole, there were 104·5 males born for every 100 females.

The total number of deaths registered was 672,668, or 22,886 more than in 1893. As there was no scarcity of food o prevalence of epidemic disease, the increase may be ascribed to improved registration. The fact, however, that in nine districts, *viz.*, Ganjam (12·7), Malabar (15·4), Nellore (16·7), Vizagapatam (16·7), North Arcot (16·8), Coimbatore (16·9), Godaveri (17·1), Salem (17·6), and Anantapur (18), the death-rates were below 20 per mille, shows that very much yet remains to be done in this direction. The death-rate of the presidency was 20 per mille, against 19·3 in the previous year, and 19·9, the mean of the previous five years. In the districts, excepting those mentioned above, the rates ranged from 36·9 in Madras, to 20 in Kistna. In Madras district the high death-rate is attributed in part to the insalubrity of the town, and in part to superior registration. In the towns the average death-rate was 28·4. Among the smaller rural towns great variations were recorded, the extremes being 61·8 at Kayalpatnam in Tinnevelly, and 7·0 in Paramagudi in Madura. Among the municipal towns the variations, though not so great, were still considerable, the highest rate was 40· per mille, recorded in Tinnevelly, and the lowest, 15·2, in Anantapur. In twenty-one municipal towns, including Cochin (38·7), Periyakulam (38·7), Negapatam (38·6), Kumbakonum (37·5), the rates were over 30 per mille.

For every 100 female deaths there were 104·8 male deaths registered. Among infants under one year of age, the death-rates per thousand living were, among males 142·7, and among females 119·1, while boys and girls over one and under five died at the rate of 24·2 and 22·5 per mille respectively. During the age periods 5 to 14 the male death-rates were slightly in excess, from 15 to 29 the female rates were the higher, the male rates resuming their position from 30 on. The death-rates of Native Christians, Muhammadans, and Hindus were respectively, 14·8, 17·5, and 20·3 per thousand. Mortality was fairly equally distributed throughout the year, but the healthiest month was June, and the most unhealthy January.

Coorg.

107. In Coorg in 1894, for the first time since 1885, the number of births exceeded the number of deaths registered. There were 4,573 births recorded, and the birth-rate was 26·43 against 21·22 in 1893. The low birth-rate is no doubt in part accounted for by the disparity existing between the numbers of males and females in the population, the former being about 20 per cent. greater than the latter. The number of males born to every 100 females was 104·06 against 101·64 in 1893. There were 4,256 deaths registered, equal to a death-rate of 24·59 per mille, against 24·97 in the previous year, and 25·42, the mean of the previous quinquennium. The percentage number of deaths of males to deaths of females was 121·30, against 131 in 1893. Among infants under one year of age, the death-rates per thousand living were, for males 264·68, and for females 215·03, while

among children between one and five years of age the rates were 27·51 and 26·28 for boys and girls respectively. Between the ages of five and ten the death-rate of boys was nearly twice that of girls, between ten and fifteen the death-rates of the sexes were nearly equal, during the child-bearing ages those of the females were slightly the higher, between fifty and sixty those of the males were slightly, and over sixty considerably, the higher. The greatest mortality was in June, the least in October.

In the town circles the birth-rate was 18·50, and the death-rate 31·98.

Bombay.

108. In the Presidency of Bombay, including Sind, there were 660,268 births registered, against 664,305 in 1893, and the birth-rate was 35·08 per thousand of the population, against 35·30 in the previous year, and 36·32, the average of the previous quinquennium. In three of the five registration districts, the Western, Central, and Southern, where the rates were respectively 35·35, 37·41, and 39·07, fewer births were registered than in 1893, in the remaining two, the numbers increased slightly in Gujarat, but considerably, 3·33 per thousand, in Sind.

Among the Collectorates birth-rates over 40 per thousand were registered in Nasik (43·39), Ahmednagar (43·16), Dharwar (42·74), Khandesh (42), and Satara (40·19). Rates under 30 per thousand were recorded in Hyderabad (20·91), Karachi (28·52), and Shikarpur (29·75), in Sind, and in Ratnagiri (29), Kanara (29·62), and in the City of Bombay (18·35). The only explanation given of these low rates is defective registration, but in the City of Bombay, it is doubtless largely due to the difference in numbers of the male and female populations, the former being two-fifths greater than the latter. In rural circles the average birth-rate was 36·08 per mille against 27·96 in the towns, the rural birth-rates being higher than the urban in all Collectorates, except Ahmednagar, Ratnagiri, Kaira, Karachi, Hyderabad, and Shikarpur.

In the 56 towns the birth-rates ranged from 58·18 per thousand in Athni, to 15·01 in Thana. In fourteen towns, including Ahmednagar (50·01), Karachi (47·15), Hyderabad (45·97), and Nasirabad (40·13), the rates were over 40; while in 25, including Shikarpur (29·20), Ahmedabad (27·99), Ratnagiri (24·66), Kaira (23·86), Broach (22·07), Umarkot (18·93), Bombay (18·35), and Nasik (18·23), the rates were under 30 per mille. For every 100 female births, 108·05 male births were recorded, the excess of males being as high as 32·12 per cent. in the Upper Sind Frontier, and 29·78 per cent. in Hyderabad. The largest numbers of births were registered in May and July, the least in February.

There were 607,179 deaths reported, or 95,348 more than in 1893, and the death-rate was 32·26 per mille, against 27·20 in that year, and 29·33, the mean of the previous five years. As in 1893, the highest ratio among the registration districts was obtained in Gujarat (42·35) and the lowest in Sind (17·93). Among the Collectorates, in two, Broach (52·54) and Kaira (48·09), rates over 40 per mille were registered, while in four, Karachi (19·84), Upper Sind Frontier (19·78), Hyderabad (15·28), and Thar and Parkar (14·29), all in Sind, rates below 20 were recorded. Although cholera was absent from the Collectorates in Sind, the comparatively low death-rates were mainly due to defective registration. The recorded death-rates among the urban and rural populations in the presidency were respectively 34·27 and 31·98 per thousand, but in the following Collectorates, Khandesh, Nasik, Thana, Kolaba, Poona, Satara, Belgaum, Kanara, Surat, and Broach, the rural rates were the higher. In fourteen of the towns, including Nadiad (61·70), Borsad (58·31), Ahmednagar (52·01), Ahmedabad

(48·30), Nasik (41·05), and Sholapur (40·45), death-rates over 40 were registered; while in nineteen, including Broach (27·63), Satara (27·03), Belgam (25·02), Nasirabad (24·95), Ratnagiri (23·95), Shikarpur (23·46), Umarkot (22·29), and Thana (8·39), the rates were below 30 per mille. For every hundred female deaths, the deaths of 109·09 males were recorded.

In the City of Bombay, Dharwar, Thana, Karachi, and Upper Sind Frontier the recorded death-rates of females were higher than those of males, while in Panch Mahals, Bijapur, Shikarpur, Hyderabad, and Thar and Parkar, the death-rates of the two sexes were nearly equal. Among infants under one year of age the death-ratios per thousand living were of males 194·55 and of females 165·91; among children from one to five years of age the ratios were, males 61·47, females 57·16. In the age periods from five to forty the female death-rates were the higher, over forty the male rates were the higher. The highest monthly death-rate was recorded in May (3·13) and the lowest (2·30) in December; in 1893 the highest death-rate was registered in August, and the lowes in February.

Burma.

109. The whole of the older province, except the districts of Northern Arakan, Salween, and portions of the districts of Bassein, Toungoo, and Thayetmyo, is under registration. The population of Lower Burma obtained at the Census of 1891 was 4,658,627, and the population of the excluded areas was 142,028, so that the vital statistics are calculated on a population of 4,516,599, including 2,389,660 males and 2,126,939 females. The total number of registration circles is 129; each municipality being treated as an urban circle.

The total number of births registered during 1894 was 124,753, andt he birth-rate was 27·62, as compared with 26·03 in the previous year, and 23·19, the mean of the previous quinquennium. Although this rate is the highest yet recorded, inasmuch as it is calculated on the Census of 1891, it is probable that the increase on the ratios of the three previous years is apparent rather than real. The provincial Sanitary Commissioner discusses the subject of defective registration at length; after suggesting remedies, he writes:—

> "The conclusion arrived at after a perusal of the reports by district and health officers, but more particularly as the result of my own investigations when on tour, as set forth in my inspection minutes, is that, as a rule, the subject of registration of vital statistics, both in towns and districts, receives very inadequate attention. Several officers appeared to be profoundly ignorant of the importance of the subject, and others had taken so little interest in it as not to have seen the report for the year. . . . . Neglect to register, where registration is compulsory, should be far more severely dealt with. Hitherto, violation of the bye-law in this connection has, in the vast majority of cases, been taken no notice of whatever, and, in the case of the Rangoon Municipality, perhaps in others also, unregistered events, when discovered, have not been entered in the returns."

The highest birth-rate among the districts was 38·87 registered in Sandoway, the lowest 22·57 in Shwegyin. The average birth-rate in rural circles was 28·32 per mille, against 22·84, the average in the towns. Among the municipal towns having a population of 5,000 and over, the highest birth-rates were 41·62 and 40·47 recorded in Thaton and Tavoy, in the Tenasserim Division, the lowest were 11·54 in Mergui, and 15·42 in Prome, rates which the provincial Sanitary Commissioner stigmatises as absurdly low. Concerning Rangoon (17·20), Akyab (18·48), Moulmein (20·53), it is explained that there is a large immigrant population and a great excess of the male sex, besides large jails and schools which contribute to the population, and not to the birth-rates; but exactly similar conditions obtain at Bassein where the birth-rate was 32·97. In only one district, Mergui, did the female birth-rate equal that of the males, the average proportion in the province being 107 males for every 100 females.

There were 106,407 deaths registered during the year, equal to a death-rate of 23·56, as compared with 21·75 in 1893, and 18·43 the mean of the previous five years. Among the districts, ratios ranged from 17·38 in Shwegyin, 18·26 in Toungoo, and 18·29 in Amherst, to 32·57 in Mergui, 35·47 in Thayetmyo, and 37·09 in Kyaukpyu. The average death-rate in the towns was 32·12. The highest ratios were 46·94 in Allanmyo, 45·41 in Myaungmya, and 43·11 in Pegu; while the lowest were 16·66 in Shwedaung, 14·47 in Zigon, and 11·95 in Kawkareik. The death-rates in the large sea-port towns Rangoon, Moulmein, Akyab, and Bassein were, respectively, 38·54, 33·38, 39·93, and 33·01 per mille. In the first three, birth registration is particularly defective, and it is certain that, owing to their large floating populations, their maritime position and large hospitals, the real death-rates in these towns are very high.

There were 122 deaths of males for every 100 deaths of females recorded in the provinca. This proportion varied very much, being as low as 72 in Ramree and Pantanow, and as high as 262 in Kawkareik. In Rangoon, Moulmein, Akyab, and Bassein the percentages were 183, 121, 191, and 131 respectively. Among infants under a year old the death-rates among males were 222·57, and among females 159·19 per thousand living; among children between one and five years of age the ratios were 32·73 for males, and 27·54 for females. At all age periods except those between 20 and 40, and over 60, the male death-rates were the higher. In the months of July, August, September, and November, the mortality was greatest, and it was least in April, March, and February, in the order given; that is to say, the months of heaviest rainfall were the most unhealthy, while the hot dry weather was the most healthy.

110. The mortality among the native population of the cantonments in the Bengal Presidency is shown in the following statement:—

Military Cantonments.

Death-rate amongst Natives in the Cantonments of the Bengal Presidency during 1894.

Cantonments.	Died per 1,000 of population.	Cantonments.	Died per 1,000 of population.	Cantonments.	Died per 1,000 of population.
Fort William . .	12·3	Muttra . . .	30·2	Kangra . . .	*
Alipur . . .	29·1	Cawnpore . .	32·9	Amritsar . . .	17·6
Dum-Dum . .	16·7	Allahabad . .	13·0	Dalhousie . .	9·4
Barrackpore . .	22·5	Jhansi . . .	12·2	Bakloh . . .	12·0
Darjeeling . . .	17·9	Benares . . .	24·0	Sialkot . . .	10·4
Buxa . . .	13·9	Gorakhpore . .	19·5	Meean Meer . .	11·9
Doranda . . .	35·9	Lucknow . . .	22·9	Ferozepore . .	11·8
Dinapur . . .	27·3	Fyzabad . . .	15·7	Rawal Pindi . .	5·0
Cuttack . . .	17·1	Sitapur . . .	24·1	Campbellpore . .	18·8
Cachar . .	17·1	Sutna . . .	*	Murree . . .	55·0
Shillong . . .	10·8	Sipri . . .	24·0	Attock . . .	19·1
Dibrugarh . . .	25·4	Saugor . . .	15·6	Jhelum . . .	17·7
Kohima . . .	13·0	Asirgarh . . .	31·0	Mooltan . . .	12·2
Chakrata . . .	23·9	Jubbulpore . .	25·7	Dera Ismail Khan .	15·9
Landour . . .	18·7	Pachmarhi . .	46·1	Dera Ghazi Khan .	10·2
Dehra Dun . .	15·3	Kamptee . . .	28·4	Rajanpore . . .	33·0
Roorkee . . .	17·9	Nowgong . .	26·2	Edwardesabad . .	23·8
Meerut . . .	22·6	Deoli . . .	18·6	Peshawar . . .	8·2
Naini Tal . . .	24·5	Delhi . . .	21·8	Nowshera . .	13·4
Ranikhet . . .	33·4	Umballa . . .	19·5	Murdan . . .	15·3
Almora . . .	12·9	Kasauli . . .	28·3	Cherat‡ . . .	75·8
Lansdowne . .	14·8	Dagshai . . .	22·6	Abbottabad . .	10·5
Bareilly . . .	15·5	Subathu . . .	33·2	Kohat . . .	3·9
Moradabad . .	19·9	Jutogh . . .	9·0	Hyderabad Assigned Districts . .	26·8
Shahjahanpur . .	40·1	Solon† . . .	...		
Fatehgarh . .	41·8	Jullundur . . .	18·7		
Agra	25·7	Dharmsala . .	20·6		

* Not separately shown. † For seven months only. ‡ For five months only.

Appendix to Section V.

STATEMENT No. I.—*Births.*

PROVINCE.	Population under registration. Census of 1891.	RATIO OF BIRTHS PER 1,000 OF POPULATION.			Number of males born to every 100 females born.	Excess of births over deaths per 1,000 of population.	Excess of deaths over births per 1,000 of population.
		Maximum for any one circle.	Minimum for any one circle.	Mean for the Province.			
Bengal	71,070,233	53·73	6·34	32·81	106	...	2·07
North-Western Provinces and Oudh	46,904,791	105·74	8·21	39·70	109·58	...	2·81
Punjab	20,553,982	189·5	6·8	43·9	111·8	7·4	...
Central Provinces	9,501,401	53·07	16·67	38·82	106·40	1·60	...
Berar	2,843,222	47·4	17·3	33·3	105·3	...	8·7
Lower Burma	4,516.509	56·87	8·46	27·62	107	4	...
Assam	5,021 084	48·65	13·84	31·10	107·98	0·41	...
Madras Presidency*	33,693,179	65·0	2·0	27·7	104·5	7·7	...
Bombay Presidency	18,820,346	58·18	9·78	35·08	108·05	2·82	...
Ajmere-Merwara	542,358	74·17	19·80	32·23	116·16	1·21	...
Coorg	173,055	32·01	13·90	26·43	104·06	1·83	...
Mysore	4,843,523	24·74†	16·02†	19·39	106·81	7·04	...

* The population for which the returns were received from the districts of Ganjam and Vizagapatam according to the Census of 1891, is not available. Hence the ratios have been calculated on the total population of those districts as per Census of 1891.

† These refer to districts. They are not shown by circles.

STATEMENT No. II.—*Deaths.*

PROVINCE.	Population under registration.	Area in square miles.	Average population per square mile.	RATIO OF DEATHS PER 1,000 OF POPULATION.			DEATH-RATE PER 1,000.	
				Maximum for any one circle.	Minimum for any one circle.	Mean for the Province.	Male.	Female.
Bengal	71,070,233	144,410	492	82·33	10·57	34·88	37·16	32·61
North-Western Provinces and Oudh	46,904,791	107,625	436	152·87	12·24	42·51	43·28	41·67
Punjab	20,553,982	110,463	186	151·4	8·0	36·52	35·6	37·6
Central Provinces	9,501,401	71,582	133	103·07	15·49	37·22	39·77	34·67
Berar	2,843,222	16,068	177	63·4	28·1	42·0	43·3	40·7
Lower Burma	4,516,509	78,366	58	55·43	9·11	23·56	24·41	22·51
Assam	5,021,084	29,433	170	73·55	13·50	30·69	31·54	29·78
Madras Presidency*	33,693,179	124,943	270	61·8	1·9	20·0	20 6	19·3
Bombay Presidency	18,820,346	124,130	152	61·70	6·56	32·26	32·53	31·97
Ajmere-Merwara	542,358	2,711	200	59 03	15·54	31·02	31·44	30·55
Coorg	173 055	1,583	109	41·30	18·71	24·59	24·32	24·94
Mysore	4,843,523	27,924	173	19·50†	10·17†	12·36	12·90	11·80

* *Vide* footnote to Statement No. I.

† These refer to districts. They are not shown by circles.

STATEMENT No. III.—*Deaths in Towns and Rural Circles compared.*

PROVINCE.	NUMBER OF REGISTRATION CIRCLES.			POPULATION.			DEATHS PER 1,000.		
	Rural.	Town.	Total.	Rural.	Town.	Total.	Rural.	Town.	Total.
Bengal	553	147	700	67,616,768	3,453,465	71,070,233	34·85	35·34	34·88
North-Western Provinces and Oudh	1,305	105	1,410	43,662,170	3,242,621	46,904,791	42·04	48·83	42·51
Punjab	552	45	597	19,131,226	1,412,775	20,553,982†	36·08	42·47	36·52
Central Provinces	160	72	232	8,689,691	811,710	9,501,401	37·44	34·80	37·22
Berar	67	37	104	2,406,823	346,399	2,843,222	42·1	41·6	42·0
Lower Burma	94	35	129	3,943,963	572,636	4,516,509	22·32	32·12	23·56
Assam	57	21	78*	4,912,153	108,931	5,021,084	30·57	36·18	30·69
Madras Presidency	178	92	270	31,174,497	2,518,682	33,693,179	19·2	28·4	20·0
Bombay „	221	63	284	16,515,973	2,304,373	18,820,346	31 98	34·27	32·26
Ajmere-Merwara	17	6	23	418,206	124,152	542,358	30·54	32·65	31·02
Coorg	5	5	10	157,544	15,511	173,055	23·88	31·85	24·59
Mysore	47	20	67	4,543,830	299,693	4,843,523	12·21	14·50	12·36

* The number of registration circles in the Kamrup District increased by one on account of re distribution of thanas.

† Including 18,323, the population of Hill Sanitaria, and excluding 8,342, the total of Europeans and Eurasians in the Province.

STATEMENT NO. IV.—*Deaths according to Age.*

PROVINCE.	RATIO PER 1,000.																			
	Under 1 year.		1 year and under 5 YEARS.		5 years and under 10 YEARS.		10 years and under 15 YEARS.		15 years and under 20 YEARS.		20 years and under 30 YEARS.		30 years and under 40 YEARS.		40 years and under 50 YEARS.		50 years and under 60 YEARS.		60 years and upwards.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
gal . . .	234·38	191·23	47·96	41·90	20·66	16·78	15·79	12·74	19·28	17·65	22·49	19·46	25·49	21·60	34·56	27·50	49·72	44·56	95·67	77·69
V. Provinces and udh . . .	327·43	296·33	81·14	79·57	19·84	16·99	10·50	9·38	14·23	20·01	18·73	21·37	24·03	21·57	37·05	32·39	62·63	49·73	92·58	66·45
jab . . .	256·83	244·45	65·03	66·88	12·67	13·96	8·21	9·50	8·49	9·80	12·10	13·75	15·77	17·99	23·96	22·56	38·04	34·05	114·37	117·90
tral Provinces .	439·45	381·52	48·92	40·30	15·25	12·64	10·99	10·26	17·46	16·65	15·01	13·33	20·44	16·94	30·87	23·76	52·27	42·67	104·25	83·16
ar . . .	280·0	240·4	109·3	94·6	17·2	15·1	9·6	10·2	10·7	12·8	13·5	16·1	19·4	19·7	31·3	21·4	56·6	45·6	117·7	109·0
er Burma .	222·57 †	159·19 †	32·73	27·54	13·72	11·94	8·05	7·42	11·45	10·09	12·85	13·96	16·75	19·18	22·33	19·04	30·79	25·52	60·76	60·96
m* . .	182·65	161·56	34·56	33·45	16·06	13·63	14·82	14·34	21·68	24·49	21·05	23·33	24·29	23·57	30·96	24·50	44·69	38·43	71·96	57·49
dras Presidency‡	142·7	119·1	24·2	22·5	7·9	7·4	5·9	6·0	8·0	10·7	9·7	10·4	13·3	11·7	18·9	14·5	31·3	26·3	53·2	48·8
bay ,, .	194·55	165·91	61·47	57·16	13·11	13·50	8·65	9·61	9·92	11·71	13·58	15·75	18·70	19·35	29·15	22·88	48·50	38·03	102·60	92·10
ere-Merwara .	223·11	196·66	58·26	50·17	11·23	9·05	6·04	6·98	9·93	15·59	13·42	16·29	19·35	18·35	31·21	24·05	57·11	57·46	64·23	54·86
rg . . .	264·68	215·03	27·51	26·28	8·19	4·95	6·32	6·83	13·19	14·20	15·39	19·64	20·75	22·44	27·35	27·33	39·59	37·50	62·15	51·85
sore . . .	85·64	65·90	11·06	9·28	5·69	4·75	6·28	7·26	6·87	7·43	9·09	10·39	11·69	10·34	13·89	12·04	19·91	16·13	32·85	26·52

* Excluding the number of deaths and the population of Khasi and Jaintia Hills.
† Calculated on the number of children under one year of age when the Census was taken in 1891.
‡ Worked on the total population as per Census of 1891, including Europeans and Eurasians.

STATEMENT NO. V.—*Deaths according to Cause.*

PROVINCE.	DEATHS PER 1,000 IN 1894.							Deaths per 1,000 in 1893.	Deaths per 1,000 in 1892.
	Cholera.	Smallpox.	Fevers.	Dysentery and Diarrhœa.	Injuries.	All other causes.	All causes.		
Bengal	3·32	·11	25·32	·82	·43	4·85	34·88	28·21	31·92
North-Western Provinces and Oudh	3·80	·09	31·88	1·41	·59	4·73	42·51	24·10	34·11
Punjab	0·005	0·30	25·07	0·87	0·34	9·94	36·52	28·13	49·48
Central Provinces	0·74	0·16	25·11	1·78	0·56	8·87	37·22	27·70	34·14
Berar	1·2	·3	23·6	5·2	·4	11·3	42·0	32·6	28·8
Lower Burma	1·64	·38	10·65	1·92	·19	8·77	23·56	21·75	20·00
Assam	2·69	0·80	16·95	2·94	0·35	6·96	30·69	30·28	34·21
Madras Presideney	1·3	0·3	8·0	0·7	0·4	9·3	20·0	19·3	22·3
Bombay ,, ...	1·78	0·17	22·80	1·84	0·32	5·35	32·26	27·20	32·50
Ajmere-Merwara	...	·81	25·54	·93	·57	3·16	31·02	23·30	40·80
Coorg	0·04	0·21	20·27	1·06	·29	2·70	24·59	24·97	30·62
Mysore	·07	·42	7·22	·86	·23	3·55	12·36	15·79	16·55

STATEMENT NO. VI.—*Deaths from All Causes according to Months.*

PROVINCE.	RATIO PER 1,000.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Bengal . .	3·36	2·25	2·51	3·07	2·77	2·26	2·83	2·81	2·73	3·38	3·36	3·48	34·88
N.-W. P. and Oudh .	2·29	1·99	2·43	3·18	3·85	3·36	3·18	4·32	4·14	4·97	4·76	4·03	42·51
Punjab .	3·20	2·61	2·42	2·42	3·05	2·50	2·00	2·48	3·30	4·90	4·32	3·32	36·52
Central Provinces .	2·43	2·18	3·33	3·80	3·37	2·45	2·24	3·41	3·84	3·73	3·54	2·90	37·22
Berar . .	3·0	2·6	5·4	4·8	4·0	1·9	2·3	4·1	4·0	3·5	3·6	2·8	42·0
Lower Burma	1·83	1·51	1·50	1·49	1·59	1·79	2·59	2·56	2·40	2·18	2·22	1·90	23·56
Assam . .	3·01	1·98	2·15	2·50	2·63	2·70	2·46	2·24	2·42	2·65	2·94	3·01	30·69
Madras Presidency .	2·5	1·7	1·5	1·5	1·6	1·4	1·5	1·5	1·6	1·6	1·7	1·9	20·0
Bombay Presidency .	2·55	2·47	2·84	2·76	3·13	2·57	2·95	2·99	2·57	2·42	2·71	2·30	32·26
Ajmere-Merwara .	4·12	3·68	3·44	2·95	2·49	1·50	1·56	2·37	2·21	1·86	2·42	2·42	31·02
Coorg , .	2·04	1·96	1·73	1·98	2·32	2·76	2·47	2·08	2·06	1·70	1·72	1·77	24·59
Mysore .	1·23	·98	1·01	·96	1·08	·90	1·08	·97	·94	·99	1·08	1·13	12·36

SECTION VI.

GENERAL POPULATION.

HISTORY OF CHIEF DISEASES.

Cholera.

111. It has been considered desirable, before narrating the facts connected with the incidence of cholera during the year, to give a summary of the recent advances which have been made in the etiology of the disease.

So much has been written lately concerning cholera, and the recent development of theories regarding its causation is so intricate, that even the professional reader, who has not had leisure to examine the subject closely, may well be perplexed among a multitude of contradictory statements.

Most persons acquainted with the vast literature, much of it popular, which has grown up around the subject of cholera, will admit that misapprehension exists concerning facts. It is with the object of lessening the amount of this misapprehension, in some degree, that the following short summary of the more important work done, and the opinions held, by recognized authorities has been compiled.

No attempt is made to discuss the views published prior to Dr. Robert Koch's memorable visit to India, but it will render what follows more easily understood, if the chief views regarding cholera causation, current at the time of his visit, are enumerated.*

Observers were divided into two classes: those who believed that cholera was caused by a specific entity, and those who believed its occurrence to depend on unknown physical conditions. The members of the first of these classes were by far the more numerous, and they were divided into two sections, *contagionists* and *localists* as they were called. The *localists* were again subdivided into two groups. Roughly speaking, then, there were four different theories; let us define them more completely:—

1. Those who refused to admit that a specific something was the cause of cholera, believed the disease to depend on peculiar unknown atmospheric and telluric conditions.
2. The *contagionists* believed that cholera was directly communicable from one person to another.
3. One group of the *localists* did not admit that direct contagion could take place, but held that the virus was developed in the evacuations of those suffering from the disease. They believed the evacuations, when freshly passed, to be harmless; the development of the virus, in its active state, at any rate, depended on certain changes undergone by the evacuations. These changes again depended very much on the nature of the medium in which the evacuations were placed. The virus, having become active, might reach the body in the respired air, in water, or in food.
4. The other group of *localists*, of whom the chief was Prof. von Pettenkofer, believed the potential virus to be of the nature of a ferment,

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* *Vide* Cholera: Inquiry, by Drs. Klein and Heneage Gibbes, page 1.

> the product of an organism extraneous to the body of the patient. This organism having reached the soil, developed, if the quantity of moisture present was suitable to it, and would give rise to cholera, provided that the requisite meteorological conditions were present, and that predisposition to the disease existed in those persons living in the area in which the poison was present.*

In 1883, owing to the prevalence of cholera in Egypt, the French and German Governments deputed Commissions to endeavour to discover the cause of the disease. The German Commission, consisting of Drs. Robert Koch, Gaffky, and Fischer, made a discovery in Egypt which led to their being sent on to India to study cholera in its " home." They arrived in Calcutta on the 11th December, and remained there until the beginning of March 1884.

The discovery made by the Commission was briefly this.† In the dejecta of persons suffering from cholera, and in the contents of the intestines of those who had died of the disease, a micro-organism was found, half, or at most two-thirds, of the length of the tubercle bacillus, but much plumper and thicker, and slightly curved. Owing to the last-mentioned characteristic it was called, and has since been generally known as, the " comma bacillus." In Egypt, this bacillus had been found by means of the microscope in ten cases. In India, in 42 fatal cases of cholera, the contents of the intestines were examined microscopically and by cultivations, and in not one case was the bacillus absent. The dejecta of 32 persons suffering from cholera were scrutinized with like results. Although the bacteria from the intestines of persons suffering from many other diseases were examined, the commas were not found. Many specimens of water taken from the drains in Calcutta and from the foul tanks in the villages on the banks of the Hooghly, were examined with negative results. But the bacilli were found in the water of one tank, which was used for drinking purposes by the people dwelling in some 30 or 40 huts situated around it. These people suffered from cholera; the number of attacks is not stated, but there were 17 fatal cases. In the tank, the clothing of the sufferers was washed, and refuse from the huts and excrement from the latrines flowed into the water. It was stated that as the number of bacilli in the water decreased, so did the number of attacks of cholera.

Regarding the relation of the comma bacillus to cholera, three hypotheses were considered by Koch:—

1. That as a result of the disease cholera, material is produced in the intestines favourable to the growth of the bacillus.
2. That the presence of the disease modifies certain microbes normally present in the intestines.
3. That the presence of the bacilli precedes the disease, which is caused by them.

Under the conditions of the first and second hypotheses the commas are a result of the disease. Under the conditions of the third, they are the cause. Dr. Koch considered it proved that the comma bacilli are the cause.

The announcement of the discovery was received with enthusiasm throughout the world. A knowledge of the cause was obviously the first step towards the prevention of the fatal disease which had hitherto been so mysterious in its coming. Every one wished the discovery to be a complete solution of the mystery, and most people straightway believed that it was so.

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* Physiological and Pathological Researches, T. R. Lewis, M.B., page 42.

† *Berliner Klin. Wochenschrift*, translated in the *Lancet*, Vol. II, 1884, pages 249 and 292.

In view of the great practical importance of confirming or disproving the truth of the alleged discovery, Sir Joseph Fayrer, Physician to the Council of the Secretary of State, suggested that Government should institute an inquiry into the subject. This was agreed to, and Drs. Klein and Gibbes were deputed to visit India. They embarked for India on the 6th August, and left again for England on the 12th December, after visiting Bombay, Calcutta, and other cities.

In their preliminary report, published in the *Gazette of India* of the 28th November 1884,* many of the statements made by Koch were traversed. Commas were not found to be present in typical acute cases of cholera in such numbers as to justify Koch's statement 'that the ileum contains almost a pure cultivation of comma bacilli.' The bacilli were not found in the tissues of the intestines or elsewhere. Animals were fed on rice-water stools, but remained unaffected, and subcutaneous, intravenous, and intraperitoneal injections of recent and old cultivations of comma bacilli, produced no ill-effect on rabbits, cats, and monkeys. Injections of cultivations of the bacilli into the intestines of these animals were equally innocuous. A peculiar minute straight bacillus was invariably found present in cholera dejections even when the commas were missed, but injections of cultivations of this produced no ill-effect on animals.

In a further communication,† Dr. Klein gave particulars regarding the relation of the presence of commas in tank water to the occurrence of cholera in the vicinity. In three houses in Telepara Lane in Calcutta, where the inhabitants had a supply of good water, there were eight‡ cases of cholera. Not far off was a tank, the water of which was used by many of the inhabitants of the *bustee* on its margin for drinking and other purposes. The water of the tank was fouled by the refuse from the houses in Telepara Lane, was exceedingly impure, and contained comma bacilli, but no case of cholera occurred among the residents in the *bustee.* On the 26th November, Dr. Klein visited the very tank in which Koch had found commas present, coincident with the presence of cholera among those who used the water. He found commas, but there had occurred during November only one case of cholera among the two hundred families that drank the water. Close to this tank was another, similarly surrounded by native huts, the inhabitants of which, about two hundred families, used the water. In this water also commas were found, but there had not been a single case of cholera, during the year, among the people who drank the water.

The English Commission then concluded that the virus of cholera had nothing to do with comma bacilli, and the very distinguished Committee, convened by the Secretary of State to discuss their report, practically endorsed their conclusions.

In their memorandum on the report, the Committee state their belief that the comma-shaped organisms are ordinarily present in the dejections of persons suffering from cholera, but are not found in the blood or tissues; similarly shaped organisms are ordinarily present in health, and are developed to an unusual extent in some of the diseases characterized by hypersecretion of the intestines; finally, that the evidence adduced went to negative the assumption that cholera was induced by the comma-shaped bacilli.§

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* *Lancet*, Vol. I, 1885, page 35. For full account, see Cholera: Inquiry by Doctors Klein and Gibbes; and Transactions of a Committee convened by the Secretary of State for India in Council, 1885.

† *Lancet*, Vol. I, 1885, page 221.

‡ *Nine* according to the Report of the 'Cholera Inquiry,' page 37.

§ Cholera: Inquiry. Memorandum of Committee, page 9.

Meanwhile the theory advanced by Koch had to meet the opposition of the epidemiologists. Foremost among them were Prof. Max von Pettenkofer and Dr. J. M. Cuningham. The former had been President of the earlier German Cholera Commission, and was recognized as the greatest European authority on the subject; while the latter had spent two-thirds of his thirty-three years' service in India, in the Sanitary Department, where he had made abundant use of his unrivalled opportunities of studying the epidemiology of cholera.

Professor von Pettenkofer* urged in opposition to Koch's theory that cholera is conveyed from the sick by a bacillus, and is always derived from former cases of the disease, the immunity of particular localities, where, in spite of the frequent introduction of cholera germs, no epidemic ever developed. The number of cases in localities where the disease is endemic do not increase with the favourable opportunities for the luxuriant growth of the bacillus in damp hot weather; in Calcutta, the carefully collated statistics for 26 years showed that the greatest prevalence of cholera occurred in the dry hot months of March and April, the season which ought to be most favourable to the destruction of the bacillus. The discovery of comma bacilli by Koch in the water of the tank merely showed that clothes soiled with cholera dejections had been washed there. From the course of the most recent epidemic in Munich, he had come to the conclusion that the real germ of cholera could be latent for months, and develop only on account of favouring conditions of season and locality.

Dr. J. M. Cuningham's work† on the epidemiology of cholera was begun with the intention that it should form an introduction to the last Sanitary Report written by him, but it soon grew beyond the covenient limits of an introduction, and was therefore published separately. It is mainly directed against quarantine regulations, but it contains a masterly discussion of the various ideas regarding the origin and spread of cholera current in 1884. Here we need concern ourselves only with the facts observed in India, and arguments adduced which bear on the etiology of the disease.

Dr. Cuningham begins by giving a general sketch of the ordinary occurrence of cholera in the different parts of India.

First, there is the endemic area, a part of Lower Bengal, where the population suffer more or less from cholera, year after year and month after month. Although the disease is endemic, certain peculiarities are observable. The mortality is not caused by epidemic bursts, but by the continuous occurrence of deaths here and there; deaths are more frequent at certain seasons than at others; and groups of districts, within the endemic area, exhibit regularly high mortality at certain seasons of the year, although these seasons of high mortality are not the same in the various groups. Beyond the endemic area, districts may be divided into three classes: those in which cholera, although not continually, is very commonly present, and is generally severe when it occurs, such as the eastern districts of the North-Western Provinces, adjoining the endemic area; those districts which suffer only occasionally, but when attacked, may suffer severely, as certain districts in the Central Provinces; those districts which are seldom attacked, and then only slightly, as Multan, Montgomery, and others in the Punjab. As an instance of remarkable local immunity Mussoorie is cited;

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* *Deutsche Med. Wochenschrift*, Nos. 49 and 50, 1884. For a full exposition of Pettenkofer's views see "Zum gegenwärtigen Stand der Cholerafrage," and "Der epidemiologische Theil des Berichtes über die Thätigheit der zur Erforschung der Cholera im Jahre, 1883, nach Aegypten und Indien entsandten deutschen Commission besprochen von Max von Pettenkofer." R. Oldenburg, Munich and Leipzig.

† "Cholera: what can the State do to prevent it?" Calcutta, 1884.

this hill station, deriving its supplies from the plains seven miles off, where cholera is frequently present, had suffered less from cholera, during a long period of years, than most European towns. It is shown that the accessibility of a district has no influence in determining the prevalence of cholera, districts through which the line of rail passes in many cases suffering less than others. In spite of their varying intensity, epidemics, always in India, move in one direction, upwards and towards the north-west, and when pilgrims are attacked on their way from a place of pilgrimage, only those moving in the same direction as that in which the epidemic is travelling, are seized. If pilgrims, for instance, leaving Hardwar are attacked, cholera is apparently carried by them only in one direction. As a matter of fact the popular notion of the origin of cholera at places of pilgrimage is entirely fallacious; in the 30 years ending with 1884, even small outbreaks among pilgrims at, or leaving, Hardwar had been rare, and they had suffered severely only twice, in 1867 and 1879. Regarding importation of the disease by persons suffering, Dr. Cuningham quotes a number of the alleged examples, so familiar to those who have studied this subject in India, which broke down directly the facts were examined, and he lays down the conditions which he considers essential to the proof of importation. These are :—

> "(1) That there was cholera at the place from which the supposed importer arrived ;
>
> "(2) that before his or her arrival there was no sign of cholera or choleraic influence in the place into which he or she is supposed to have imported the disease ; and
>
> "(3) that the cases among the residents which followed his or her arrival were connected with his or her attack, either directly or indirectly, in such a way as regards the sequence of events and all other circumstances as to warrant the conclusion that the connection between them was one of cause and effect."

As negativing the supposed contagiousness of cholera, Dr. Cuningham shows that those in attendance on cases suffer no more than others in the place that has been attacked. Among 10,599 attendants on 5,696 cases of cholera, the number attacked had been 1·9 per cent.*

It is pointed out that, although the prevalence of cholera in Calcutta has diminished since the introduction of a good water-supply, the seasonal incidence of the disease has been in no way altered.

The presence of cholera in Europe in 1888 gave the opportunity to other observers to study the bacteriology of the disease as described by Koch. The first result was the discovery that commas were not connected exclusively with cholera. Finkler and Prior† found in the dejections in cases of *cholera nostras*, spirilla which greatly resembled the commas of Koch, while Dr. Timothy Lewis‡ demonstrated in the saliva the presence of curved bacilli, which he regarded, provisionally, as identical in their nature with those found in the excreta of cholera patients. Koch pointed out§ that this buccal form, besides differing morphologically from that found in cholera, does not grow in media in which the latter flourishes, and the matter was fully discussed at the second Cholera

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* From 1885 to 1894, inclusive, the percentage of attendants on cholera cases in India, attacked, was 2·1.

† *Deutsche Med. Wochenschrift*, No. 36, 1884.

‡ *Lancet*, Vol. II, 1884, page 513.

§ *Deutsche Med. Wochenschrift*, quoted in the *Lancet*, November 15th, 1884.

Conference held in Berlin in 1885,* when Koch, in presence of the German authorities on cholera, including von Pettenkofer, considered the objections to his theory and gave an account of the trials made towards infecting animals, and of the behaviour of the commas under various conditions of drying, &c. He showed that Finkler and Prior's comma differed entirely from his in its behaviour in various culture media, and he objected to the validity of Klein's conclusions, that necessary precautions had been neglected in the observations and experiments on which these were based.

In the debate which followed, von Pettenkofer brought forward the arguments already summarized, and Koch objected to one of them, that the hot season throughout India is not absolutely dry. Virchow laid stress on the possibility that the difference in epidemics might be due to varying virulence of the bacteria.

In his review of the epidemic of 1886 in Austria, Prof. Max Gruber† made a most interesting contribution to the controversy. This contribution is the more important, as the writer, while believing that the comma bacillus is the real cause of cholera, inclined, in his belief as to its spread, towards the theories of von Pettenkofer; indeed, the latter states that he never contended for more than Professor Gruber admits regarding local and seasonal influence on the disease.‡

In the end of December 1885, five persons were attacked by cholera in Trieste, and four died. The origin of these cases was never discovered, and the disease disappeared until the following June. From June to December 1886, when the disease again disappeared, there were 1,870 cases, of which 1,119 ended fatally. Of the above, 220 were examined bacteriologically, most of them by Dr. A. Lustig, of Trieste, and in more than 200 of them commas were found. In no single case, where the dejecta or the intestinal contents were examined fresh and on the spot, was the microbe missed. In some instances when negative results were obtained, there was reason to believe that the cases were not really cholera. The numbers of vibrios found bore no relation to the severity of the disease. Except as a result of the disease, no commas were found anywhere. Specimens of water from the harbour, and from springs in cholera-infected districts, were examined in vain, and in no case could the spread of the disease be proved to be due to water.

In 81 per cent. of the houses in which the disease appeared, only one person was attacked, and, *cæteris paribus*, those people dwelling on the ground-floors of houses suffered more severely than those in the upper stories; 9 per 1,000 of the former were attacked, against 5 per 1,000 of the latter.

Professor Gruber expresses the opinion that there exists no more potent factor in connection with cholera prevalence than the seasonal; in nine epidemics in Trieste, not a single case of cholera was recorded between the months of January and May inclusive; on three occasions, when an epidemic was in full swing, it was checked by the onset of winter. Admitting that the epidemiology of cholera had not yet been cleared up, he quotes the saying of Bohata, that the etiology of cholera had come to a comma, but not to a full stop.

In the years 1888 and 1889, the additions in Europe to the literature of cholera were comparatively few and unimportant, as Klein somewhat bitterly remarks, because, with few exceptions, continental pathologists considered the chapter of the etiology of *cholera asiatica* as closed.*

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* *Berlin. Klin. Wochenschrift*, 1885, quoted in *Jahresbericht* for 1885.

† Die Cholera in Oesterreich in den Jahren, 1885-86. Arbeiten der Hygienischen Section der internationalen Congresses für Hygiene und Demographie zu Wien. *Jahresbericht* for 1887.

‡ *Op. Cit.*, Der epidemiologische Theil, &c., page 149.

In 1890, the most interesting contributions were those of Hueppe,† who strove to reconcile the new bacteriological theories with the older views of Pettenkofer.

He found that it was possible, by the selection of suitable nutrient media, to enable the comma bacillus to live in the absence of air, when it elaborates its poison more quickly and energetically than when air is admitted. Wood, who worked with Hueppe, found that facultative anaërobic bacteria, in the anaërobic state, are much more sensitive to the action of unfavourable outside influences than when in the aërobic state.

According to Hueppe, the 'cholera' bacteria in the intestine are in the anaërobic state, and, producing their specific poison more abundantly and energetically than elsewhere, are therefore dangerous to the body of the host; but, in spite of their increased physiological productiveness, they are exceedingly susceptible to such an extraneous influence as a weak acid. This is the reason why instances of the direct contagion of cholera are rare, for, if the bacteria from a case of cholera are taken in by a healthy person, they are almost certain to be destroyed by the acid in the stomach. When, however, the bacteria leave the body, they speedily become more resistant, and if they find suitable and sufficient nourishment, they multiply as aërobes. This is most likely to occur in the soil, the upper layers of which, as has been shown by C. Fraenkel, afford conditions favourable to the existence of the commas, and there they can, according to Gruber, withstand the opposition of most other kinds of saprophytes. The greater powers of resistance of the commas may be due to the formation of arthrospores, or of some resistant form which can communicate infection.

If the bacteria fall on soil so laden with moisture that the amount of air present is insufficient, they die; if, on the other hand, the soil contains a sufficiency of air, they multiply as aërobes and become more resistant. If the ground water sinks, the conditions of air and moisture are those favourable to the aërobic life of the parasite and to the miasmatic spreading of cholera; if the ground water rises, the bacteria are destroyed or preserved according to the degree of the increase of moisture in the upper layers of the soil.

In his interesting and carefully compiled account of the diffusion of cholera in Europe in 1892, Dr. F. W. Barry‡ states that—

> "It extended from three centres, one western commencing in the suburbs of Paris, and extending slowly from point to point in France, more specially towards the north and west, and subsequently invading Belgium and thence to some extent Holland; the other two eastern, spreading in the one instance from Herat, in Afghanistan, by way of Persia and Russian Turkistan, and thence with unprecedented rapidity across the Caspian, through the Caucasus and through European Russia, its course being generally marked by violent outbursts and wide diffusions; the other, which was practically a continuation of the epidemic of 1890-91, affecting Arabia and the Somali Coast of Africa only."

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* The Bacteria in Asiatic Cholera, Preface.

† *Berliner Wochenschrift* No 9, *Prager Wochenschrift* No. 12; quoted in Virchow and Hirsch's *Jahresbericht* for 1890. In his remarks on the prophylaxis of cholera, Hueppe recommends the use, for drinking purposes, of water aërated with carbonic acid gas, because this destroys the commas, and because the source of such specially-prepared water can be readily controlled. In the Hygienic Institute at Munich, Dr. Leone found that carbonic acid not only restrained the growth of microbes, but lessened their numbers, *Archiv für Hygiene*, Vol. IV, 1886, page 168. Hochstetter showed this for Koch's vibrios, *Arbeiten a. d. kaiserlichen Gesundheitsamte*, Vol. II, 1887, page 22. See also paper by Mr. Slater, *Journal of Pathology*, Vol. I, 1893, page 468. Both the last-named writers examined effects of carbonic acid on the *bacillus typhosus* also.

‡ Annual Report of the Medical Officer of the Local Government Board, 1892-93, Appendix A, No. 12.

It is unnecessary for us to follow the course of the epidemic, either from the 'endemic area in the surroundings of Paris,' or from Asia, but the outbreak of the disease at Hamburg is of paramount importance in regard to the doctrine of the diffusion of cholera by means of drinking-water.

Between 1831 and 1892 Hamburg has been visited by cholera no less than 15 times, but never so severely as in 1892. In 1832 the death-rate per mille of the population was 9·43, in 1848 it was 7·45, and in 1892 it was 13·44. In the other epidemics the ratio varied from 5·24 in 1859 to ·33 per 1,000 in 1856.* Eight of the epidemics began in June, two in August, and one each in February, May, July, September, and October.

The three towns, Hamburg, Altona, and Wandsbeck, lie together near the mouth of the Elbe; the boundaries between them are political only, and the three communities live under conditions alike in all respects save one, their supply of water. Hamburg derived its supply from the Elbe at a point above the sewage outfalls. The water was pumped up at ebb-tide into reservoirs, whence it was distributed to the people direct, without filtration. Altona derived water from the Elbe also, at a point seven miles below the place where the river receives the solid and liquid refuse from a population of 800,000. The water was pumped up into settling tanks, thence it passed on to most carefully regulated filter-beds, and was then distributed. The Wandsbeck water-supply was obtained from a lake, but little liable to pollution, and the water was filtered before distribution.

On the 14th of August,† a workman at the Hamburg harbour named Sahling, a resident of Altona, was seized with the typical symptoms of cholera, and died at his home on the 15th. No bacteriological examination was made.

On the afternoon of the 16th, a mason working at the harbour was attacked, and was taken to the hospital the same evening. On the 17th a few curved rods were found in his evacuations, but these were considered to be far too large to be comma bacilli. He died the same day. At the *post-mortem* examination on the 18th, no commas could be found in the intestinal contents and the results of cultivation on plates and in bouillon were apparently negative. On his return to Hamburg, on the 21st of August, Dr. C. Fraenkel found, among the cultures which had been kept, a suspicious colony, from which, on the 22nd, he obtained characteristic stab-cultures. On the same day the diagnosis of comma bacilli was made by microscopic examination of the bowel contents in another fatal case, and cholera was officially declared to be present.

The number of cases, which in the first week was 477, rose in the second to 5,092, and to 5,587 in the third, after which the weekly numbers gradually declined until the middle of November, when the epidemic was practically over.

In Hamburg itself there were 8,605 deaths, equal to a death-rate of 13·4 per thousand; in Altona there were 328 deaths, many of the cases having been contracted in Hamburg, and the death-rate was 2·1; in Wandsbeck the death-rate was 2·1.*

Now, as has been pointed out, the sole difference in the conditions of life among the populations of the three towns was the water-supply, and the severity of the disease followed this very closely. The boundary between Hamburg and Altona is, as previously stated, merely political. On both sides of this boundary, says Koch,‡ the conditions of soil, sewerage, and buildings were absolutely alike, and yet the cholera went to the boundary, and there stopped. At one part, a street forms the boundary; there was cholera on the Hamburg side, but no cholera on the Altona side. A group of houses on the Hamburg side remained free from cholera, while there were numerous cases around it, but the working-class inhabitants of these Hamburg houses received their water from the Altona supply.

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* Annual Report of the Medical Officer of the Local Government Board, *loc. cit.*

† Die Cholera in Hamburg—Dr. George Gaffky. *Arbeiten a. d. Kaiserlichen Gesundheitsamte*, 1894.

‡ *Zeitschrift f. Hygiene*, Bd. XIV, 1893. Translated by A. J. A. Ball, Esq., of the Local Government Board. Annual Report of the Medical Officer, 1892-93, Appendix C.

In Hamburg, certain parts of the town suffered much more than others, and particularly those built on marshy ground, but the dwellers in these localities were mostly poor workfolk, living under generally insanitary conditions. Moreover, in the houses of many of the well-to-do, the water was boiled before drinking.

Another interesting fact. In Hamburg, many of the people obtain their drinking-water from wells, and others obtain it, partly from wells, and partly from the supply conveyed through pipes. A very careful inquiry was conducted by Dr. Deneke into the incidence of cholera among classes thus divided, of which the following table* exhibits the results in different localities. Taking the proportional numbers of cases, and of deaths among those supplied exclusively with well-water as 1, we find:—

	DISTRICTS RECEIVING THE TOWN WATER-SUPPLY.			Hamburg generally, *i.e.*, town built over.	Altona-Ottensen.	Wandsbeck.
	Well-water.	Well and pipe water.	Pipe-water.			
Cases . . .	1	2·1	3	...	...	...
Deaths . . .	1	2·6	3·5	3·1	·5	·5

That is to say, the incidence of the disease was three times as great amongst those who drank pipe-water as amongst those who drank well-water, while the proportional mortality was even greater.

There appears to be no certain knowledge as to how the disease was introduced into Hamburg. Russian-Jewish emigrants from cholera-infected districts were blamed, but no case was recognized among them until twelve days after the disease had shown itself in the city. Ships from Havre were said to have brought the disease, but no case had been reported on board any one of them. It was suggested that the water of the Elbe became infected by water-ballast brought from the Seine at Havre. There can be no doubt, at any rate, that after the outbreak of the epidemic, the Elbe became polluted with cholera dejecta. But in the Hamburg water-supply, which appears to have spread the disease, the comma bacillus could not be detected. Concerning this failure Dr. Gaffky† writes:—

> "Astonishing as this may at first sight appear, it is sufficiently explained, partly because of the small number of physicians skilled in bacteriology, who, owing to more pressing claims, could busy themselves with this kind of investigation at the beginning and height of the epidemic, and partly because at that time the means of demonstrating the presence of cholera vibrios in water, containing large numbers of other bacteria, were very imperfect. In September, after work had been begun in the newly-erected provisional Hygienic Institute, zealous search for the cholera vibrios was made in the Elbe-

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* Die Cholera in Hamburg, page 56.

† *Op. cit.*, page 35.

water and in the pipe-water, but always with imperfect methods, and in the intervals of time left by more urgent duties. The house-reservoirs connected with the pipes, received particular attention, especially the slime deposited in them, which might possibly have afforded conditions favourable to the preservation of the vitality of the vibrios. In some cases, there were opportunities to examine cisterns in houses the residents of which had left Hamburg before the beginning of the epidemic, so that the cisterns had not been washed-out. Specimens of deposited slime were taken away from the Hoch reservoir on the Stintfang, about the middle of October, and from the Hoch reservoir at the Berlin Gate, about the middle of November (when the reservoirs were being cleaned), and bacteriologically examined. In no case could the presence of the cholera vibrio be demonstrated."

The facts observed in the Hamburg epidemic may be claimed to prove that cholera can be distributed by a water-supply, and the failure to discover Koch's commas in the water can only be explained by those who believe that they are the cause of cholera, by the imperfection of the methods for isolating vibrios in the presence of other saprophytes. This failure caused many investigators to seek for better methods, and the resulting discovery of many vibrios, closely resembling the comma, has, as we shall see, led to a great change in the belief as to the role played by the commas.

But an experiment performed by von Pettenkofer served equally, although in another way, to change the course of thought.

Von Pettenkofer* received from Hamburg, from Dr. Gaffky, a culture of comma bacilli. On the 7th of October 1892, he swallowed 1 c. cm. of a 24-hours old culture in bouillon, in 100 c. cm. of a solution of bicarbonate of soda, the latter being added to neutralize the acid of the gastric juice. After 46 hours, he had a smart attack of diarrhœa which lasted for five days, commas being present in the dejecta for two days from the commencement of the diarrhœa. On the 17th October, Emmerich repeated the experiment, using a much smaller dose of the culture. After 36 hours, he had a severe attack of diarrhœa which lasted for four days and was attended by the physiological effects of a profuse discharge of fluid from the bowel. Commas were present in the dejecta for six days. In neither case was vomiting or any toxic symptom present.

Von Pettenkofer concluded that, although the commas could produce diarrhœa, they were incapable of producing cholera, either European or Asiatic. So convinced were von Pettenkofer and Emmerich of the harmlessness of the commas, that they allowed their evacuations, which swarmed with them, to be discharged, undisinfected, into the sewers of Munich. No ill-result followed, but the experimenters came in for a good deal of censure for this demonstration of their scepticism.

In the discussion regarding the experiment, von Pettenkofer remained true to his old formula, the three unknown factors x, y, and z. The vibrio of Koch was at most x, but in the absence of y, the local, and z, the personal, predispositions, it remained powerless to produce cholera. He, however, admitted that if his experiment had been performed in Hamburg, a different result might have ensued.

Buchner held fast to the specific infectiousness of the comma, but he believed that it could act only in the presence of an unknown y. Buchner's y is something concrete that can be seen under the microscope, an unknown micro-organism produced in particular places. Cholera, in fact, is the result of a mixed infection.

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* Ueber Cholera, *Muench. Med. Wochenschrift*, No. 46, 1892, *Jahresbericht* for 1892.

C. Fraenkel believed that von Pettenkofer and Emmerich had simply suffered from slight attacks of cholera, such as are common enough during epidemics.

Von Pettenkofer was by no means the first to swallow comma bacilli without serious injury, but previous experiments of the kind attracted but little attention, and were generally explained by the supposition that the commas had been destroyed by the gastric juice. But Pettenkofer's scientific eminence, the publicity he secured for the narrative of his experiment, and the contention to which it gave rise, attracted universal attention, and even believers felt their confidence in the bacillus shaken.

Certain facts, observed during the Hamburg epidemic, and made public at the Medical Congress at Wiesbaden,* served still farther to damage the reputation of the comma. In some cases of cholera, for days together, no comma could be found, while commas were frequently found in the dejecta of healthy persons. Rumpf expressed the opinion that, although the comma bacillus is the specific cause of cholera, its presence in the intestines does not necessarily give rise to cholera or choleraic diarrhœa. Other influences are necessary, which belong rather to individual predisposition than to peculiarities of season or locality, although the latter have some influence. The individual predisposition depends on some interference with digestion, whether by the consumption of unsuitable food, or by the presence of some cause of disease in the intestine.

Meanwhile the bacteriologists were discovering vibrios, closely resembling those of Koch, but apparently harmless; to mention only the best known,—one was found by Dunbar in the water of the Elbe, another by Rubner, the *vibrio Berolinensis*, a third by Heider, the *vibrio Danubicus*, and so on, several varieties being found in Berlin.

The supporters of Koch's theory had now two main problems before them. "Under what circumstances does Koch's comma produce cholera?" and "What is the relation of the harmless comma-like vibrios found in water to Koch's microbe?"

We now may consider the physiological experiments performed on animals and men.

The great difficulty in proving or disproving the causal relation of Koch's vibrios to cholera, is the fact that animals do not suffer from the disease. A case† has been recorded in Japan, of a dog that shared the quarters in Tokio of a man seized with cholera, dying of the disease. After death, the characteristic appearances of the disease were present, and comma bacilli were found. Dr. Simpson‡ has also found commas in the evacuations of cows who have suffered from diarrhœa and died, at the time of the prevalence of cholera in Calcutta. But under natural conditions animals are practically immune.

After Koch's discovery, attempts were made to give cholera to animals. In 1884, Nicati and Rietsch§ succeeded in killing dogs in the following way. They opened the abdomen, ligatured the bile duct, and then injected cultures of comma bacilli into the duodenum. The dogs died after a few days, and flakes of detached epithelium with enormous numbers of commas were found in the reddened intestine. Koch objected to this, that the dogs had undergone a severe operation, and, believing that the acidity of the gastric juice destroyed microbes in the stomach before they had time to act, he gave to seven guinea-pigs a sufficient dose of bicarbonate of soda to neutralize the acid in the stomach, and then administered doses of 'cholera' culture. The guinea-pigs remained quite well, and were killed after 24 hours. Commas were found in the small intestine of six. Eight more, similarly treated, remained healthy. Four more were then treated in the same way. One died, and when it was examined it was found that it had recently aborted. Koch thought that the abortion, or its cause, might have caused relaxation and inhibited peristalsis of the small intestine, so that the commas, which were found there in almost pure culture, had found an opportunity to develop. He therefore, in future experiments, after the administration of the 'cholera' culture, injected into the peritoneal cavity a dose of German tincture of opium (1·10) equal to 1 c. c. for each 200 grammes of the animal's body weight. The result was that animals thus treated died with symptoms resembling those of cholera.

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* Die Choleradebatte auf dem Kongress für innere Medicin zu Wiesbaden. Kritisches Referat von G. Frank, *Hygienische Rundschau*, 1893, page 660.

† Ogata. *Glasgow Med. Journal*, March 1891, quoted in the *Hygienische Rundschau*, 1891, page 548.

‡ Report of the Health Officer of Calcutta, 1894, page 16.

§ *Deutsch. Med. Woch.*, No. 39, page 634, quoted in *Jahresbericht* for 1884.

Klein* urges certain objections to those experiments. It is not known that the intraperitoneal injection of tincture of opium does prevent peristalsis in the guinea-pig, while it is known to increase it in the dog. He found that, if the same amount of opium as Koch used is injected in the form of a watery extract, or if the tincture of opium is injected subcutaneously, the commas do not produce fatal results. Moreover, Doyen† was able to destroy guinea-pigs by Koch's method, using alcohol without opium for the intraperitoneal injection. Further, Koch himself found that Finkler and Prior's and Deneke's bacilli produced similar effects under like conditions, although not so regularly as the comma. Klein is of opinion that the disease induced is not cholera at all, although the commas can multiply and produce ill-effects in a diseased intestine.

Two observers, D. Sablotny in Odessa, and Metchnikoff in Paris, have recently succeeded in producing a disease resembling cholera, under comparatively natural conditions.

Sablotny‡ performed his experiments on the ground squirrel (*spermophilus guttatus*) which is very common in South Russia. The relation of this small rodent to some of the microbial diseases is peculiar; it is very susceptible to chicken cholera, tuberculosis and glanders, while it is but little susceptible to mouse typhus. It is easily killed by the intraperitoneal injection of cultures of the comma. When these animals were given cultures of commas by the mouth, many died; if soda was added to the cultures, the mortality was increased. The symptoms described were great lowering of temperature, loss of appetite, weakness, and diarrhœa; in some cases clonic convulsions of the limbs and cyanosis of the nose and tongue. After death, the intestines were found to be injected, and contained white flakes of epithelium and frequently blood. Vibrios were present in the stomach and intestine, the latter being generally distended, as well as in the peritoneum and abdominal organs. They were often also found in the blood. Sablotny regarded the results of his experiments as important evidence in favour of the specificity of the comma.

We may defer the consideration of Metchnikoff's experiments until, we have passed in review the experiments performed on man.

One of the earliest was that performed by Dr. W. G. Balfour, of Bombay, who, shortly before his death, swallowed " a concentrated solution containing cholera excreta by way of an experiment."[*] The report quoted gives no particulars of the results, so they can scarcely have been serious.

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* Stevenson and Murphy's Hygiene, Vol. II, page 183.

† Quoted by Cornil and Babes—"Les Bactéries," second edition, page 564.

‡ *Centralblatt f. Bakteriologie und Parasitenkunde*, Vol. XV, 1894, page 150.

Dr. Wall, late of the Indian Medical Service, swallowed quantities of Koch's vibrios on four occasions during the cholera epidemic at Buda Pesth in 1892.[†] Beyond occasional looseness of the bowels, he seems to have suffered no inconvenience.

An account has already been given of von Pettenkofer's and Emmerich's experiments, and although Dr. Gaffky has stated that the culture sent from Hamburg to Munich was from a mild case of cholera, this qualification does not apply to the cultures used in the experiments performed in Professor Stricker's laboratory in Vienna,[‡] for there the commas were derived from typical cases. Eight ingestion experiments were performed—three on Dr. Hasterlik, and the remaining five on five different persons. Only one case at all resembled cholera. This was declared by the bacteriologists to be a genuine case, while the clinicians, who were called in, said it would never be recognized as such.

It is, however, objected to the validity of these experiments that in only three instances, including the serious case, were preliminary doses of alkali taken, and in only one instance were commas found in the evacuations.

The conclusion drawn by Metchnikoff is, that man is, ordinarily, not easily affected by the microbe of cholera.

M. Metchnikoff[§] has performed a large number of experiments on himself and others, not only with Koch's vibrio, but with the *v. tyrogenus* (Deneke), *v. proteus* (Finkler and Prior), and the *v. Metchnikovi* (Gamaleia).

He found that Deneke's vibrio might give rise to diarrhœa, and believes it may occasionally be the cause of the choleraic attacks which sometimes follow the eating of decomposed cheese. Finkler and Prior's vibrio, similarly, may give rise to diarrhœa, and may occasionally cause *cholera nostras*. Although in two ingestion experiments no result was obtained, Metchnikoff believes that Gamaleia's vibrio may bring about an attack of *cholera nostras*.

In his experiments with Koch's vibrio, *M.* Metchnikoff made use of three different varieties: (1) the Hamburg vibrio, isolated in 1892 from a severe case of cholera; (2) the Courbevoie vibrio, isolated in July 1892 from a severe case of cholera; and (3) a bacillus given him in 1892 by *M.* Haffkine. All were pathogenic for guinea-pigs, that from Courbevoie being most virulent, and that given by *M.* Haffkine least so.

Two days after having taken a dose of the *v. proteus* which produced no effect on him, *M.* Metchnikoff, after taking one gramme of bicarbonate of soda dissolved in distilled water, swallowed half a culture of the Hamburg vibrio, the other half being swallowed by his laboratory assistant. No results followed, and the normal evacuations never contained commas. Eight days after, the experiment was repeated by both gentlemen; on the sixth day following, both experienced slight malaise attended by rumbling of the intestines, which became more marked in *M.* Metchnikoff's case on the seventh day. Both then, after a dose of soda, swallowed $\frac{1}{3}$ of a culture of the Hamburg vibrio, the remaining $\frac{1}{3}$ being given to a *M.* Gr. who had on a former occasion swallowed a portion of a culture of the *v. Metchnikovi*. *M.* Metchnikoff and his assistant both became constipated, and no commas were present in their evacuations, while *M.* Gr. had an attack of diarrhœa and the commas were present.

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[*] *Lancet*, July 19th, 1884, page 117.

[†] Alluded to by Metchnikoff, *Ann. de l'Institut Pasteur*, 1894, page 530.

[‡] "Studien zur Cholerafrage," reviewed by Metchnikoff in the *Ann. l'Institut Pasteur*, 1893, page 792, and by Bonhoff in the *Hygienische Rundschau*, 1894, page 541.

[§] *Annales de l'Institut Pasteur*, 1893, page 562.

M. Metchnikoff considered it possible that the older cultures, which they swallowed first, protected them against the effect of the fresh culture which they swallowed last; *M.* Gr., not being protected by the *v. Metchnikovi*, suffered from diarrhœa.

Three persons were then, after a preliminary alkalinization of the gastric juice, each given ⅓ of a culture of the Courbevoie vibrio.

One of them, *M.* G., had six months and a half previously received the two inoculations of *M.* Haffkine; another, *M.* S., had received one inoculation at the same time; the third, *M.* B., had not been inoculated.

None of them suffered from anything like cholera, although commas were present in their evacuations. Of the two persons who had been inoculated, he who had been inoculated twice suffered more than he who had been inoculated once, and, although both had less diarrhœa than he who had not been inoculated at all, their general health was worse than his during the progress of the experiment.

The next experiment was more successful. A *M.* J., after alkalinization of the gastric juice, was given ⅓ of a culture on gelatine of the bacillus of Paris, 1884; nine hours after swallowing the commas he developed an attack which, although slight, presented the classical symptoms of Asiatic cholera. On the second day suppression of urine was nearly complete, and on the third day he began to recover. Commas persisted in the evacuations for 17 days, long after these had become normal. This experiment was performed in December, at a time when there was no cholera in Paris.

M. Metchnikoff concludes from these experiments that, in spite of the obscure points regarding the etiology of the disease, the bacillus of Koch must be regarded as the specific microbe of cholera, and that it is not now necessary to make Koch's theory agree with the epidemiological facts, but rather to strive to reconcile the latter with the theory. On the other hand, since large quantities of the bacilli can be swallowed without producing cholera, there must, to induce the disease, be present some peculiar sensibility of the human organism of which we at present know nothing.

Other similar experiments have been performed, and occasionally laboratory attendants and others have been seized with diarrhœa supposed to be due to the ingestion of the bacteria; but so far as I have been able to discover, the illnesses have been simply attacks of diarrhœa with the physiological effects of that condition more or less developed. The case of the late Dr. Oergel, who was attacked by fatal illness while working with cholera cultures, is scarcely conclusive, so far as the details are available here.* He had been suffering from diarrhœa for some days, while working at the Hygienic Institute at Hamburg in September 1894. On the 14th September the diarrhœa became worse, and on the 15th symptoms of cholera developed. He died in deep coma on the 21st September. How he became infected is not certain, but his laboratory work was largely concerned with cholera investigation. There was no cholera in Hamburg at the time.

The administration of the bacillus of Koch can apparently only occasionally give rise to symptoms resembling cholera, and the question comes to be, "If this microbe is the cause of cholera, on what does immunity depend?"

* *Lancet*, page 931, Vol. II, 1894. *Centralblatt für Bakteriologie und Parasitenkunde*, Vol. XVII, page 202 *Hygienische Rundschau*, 1895, page 744.

Metchnikoff* has shown that it does not depend upon any protecting condition of the blood, although, so far as animals are concerned, the blood of some persons does protect; he found in his researches on the blood of 68 persons, that the blood possesses a protective power in about 50 per cent. of people who have never had cholera, and in about 58 per cent. of those who have suffered an attack, while about one-half of those who die of the disease present this property of the blood, which, however, need not be established in the blood of a person who recovers.

It could not be expected, therefore, that the treatment of cholera by means of the serum of those who have recovered, as practised by Freymuth† and others, would be successful.

Nor is this protective property developed in the blood of those living in a locality immune from cholera, for Metchnikoff‡ proved, so far as his experiments went, that the blood of persons living in Versailles was less protective than the blood of persons living in Lyons.

But the conditions may depend upon the circumstances attending the ingestion of the bacillus. We have seen that Buchner§ considers cholera to be due to a mixed infection, the commas being assisted by some other micro-organism which he thinks may be found among the protozoa, like the organisms of malaria. Two methods of research in this direction have been adopted. In the one, various microbes have been isolated from cholera dejecta, and their virulence tested by injecting subcutaneously pure cultures of them alone, or mixed with cultures of Koch's commas. In the other method, cultures of various micro-organisms are mixed with the cholera cultures and administered to animals by the mouth.

Blachstein and Zumft‖ isolated from cholera rice-water stools these microbes which seemed to them might be causally related to the disease; one closely resembling, but not identical with, the *b. coli* was found to be particularly virulent when injected under the skin of guinea-pigs along with cultures of the comma. While believing that the latter plays the chief rôle in the production of cholera, they consider that it requires the aid of secondary bacteria to produce the disease.

Metchnikoff¶, having failed to produce any effect on young dogs by the administration of cultures of the comma, although, in spite of the acid gastric juice, the microbes reached the intestine, began a series of experiments on young rabbits and guinea-pigs. These animals are among the most susceptible to the intraperitoneal injection of cultures of the comma. The young rabbit differs in one important respect from the young guinea-pig; while the latter begins to eat green-stuff almost directly after its birth, the former subsists for some weeks on its mother's milk alone. The consequence is that the bacterial flora of the guinea-pig's intestine soon becomes abundant and varied, while that of the rabbit remains poor. When young rabbits, in the first four days of their lives, were given cultures of the Massowah vibrio, about half of them died in about six days, with symptoms and *post-mortem* appearances analogous to those of cholera in man. No preliminary administration of alkali was necessary, showing that the vibrios are not so easily destroyed by the acid of the gastric juice as has been supposed. But the results were by no means constant; sometimes the character of the induced diarrhœa changed, vibrios ceased to be present in it, and it became fœtid, suggesting the action of other microbes.

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* *Annales de l'Institut Pasteur*, 1893, page 420.

† *Deutsch. Med. Woch.*, 1893, quoted in the *Jahresbericht* for 1894.

‡ *Annales de l'Institut Pasteur*, 1894, page 538.

§ *Vierteljahresschrift f. öffentl. Gesundheitspflege*, No. 25, page 432, summarized in the *Jahresbericht* for 1893.

‖ *Arch. des. Sciences Biolog.* St. Petersburg, reviewed in the *Hygienische Rundschau*, 1893, page 909.

¶ *Annales de l'Institut Pasteur*, 1894 page 555.

Metchnikoff had found that, while some microbes retard or destroy the growth of the vibrios on gelatine plates, others favour this growth. The most important favouring micro-organisms examined, were a torula, a sarcina, and a bacillus, which had the power to convert lactose into lactic acid.

When four rabbits, from 4 to 8 days old, were given cultures of the Massowah vibrios with torulæ and sarcinæ, they all died in from 7 to 9 days. Then twenty-two rabbits were given cultures together with the three favouring micro-organisms; all died but two, and in a much shorter time than the others, many within 36 hours; only a few survived for 200 hours, and one for 288 hours. This 'cholera' was contagious, and was transmitted in thirteen cases simply through the teats of the mother becoming soiled with microbes.

The effect of the favouring organisms, in Metchnikoff's opinion, was merely to favour the earlier parasitic life of the vibrios.

It was found more difficult to give 'cholera' to young guinea-pigs, and when attempts were successful, the symptoms were less characteristic.

We now come to consider the relationship between the numerous vibrios found in water and the vibrios of Koch.

As has been remarked, the failure to isolate vibrios from the Hamburg water-supply led to special efforts being made to discover a ready and speedy method to separate vibrios from other saprophytes. A culture medium was suggested by Schottelius, which accomplished this, and Dunbar modified and improved it. Dunbar used 1 per cent. of peptone in a 1 per cent. solution of salt. If a small quantity of the suspected material is added to this solution, any vibrios present grow very much more rapidly than other bacteria, and, as they require air and are motile, they are to be found in the upper layer of the fluid. Thence they can be taken and grown upon gelatine. Unfortunately many vibrios closely resemble Koch's, and the latter are not seldom atypical. It was believed that the cholera-red reaction would serve to identify the commas, but it was soon found that some water vibrios give this also.

A method for distinguishing the comma from other vibrios has recently been devised by Pfeiffer and Issaef. They 'protected' guinea-pigs by vaccinating them with cultures of genuine commas. If the serum of a 'vaccinated' guinea-pig protects another from the effects of the injection of a culture of a suspected vibrio, that vibrio is genuine. If a 'vaccinated' guinea-pig dies from the effects of the injection of a culture of a suspected vibrio, that vibrio is not genuine, but if the guinea-pig is unaffected the vibrio is genuine. It will be sufficient here to mention these vaccination experiments; the results obtained by different workers have varied; and when their results have been similar, there has not always been agreement as to the interpretation to be put on them, while occasionally the logical outcome of the reasoning adopted has been paradoxical and absurd. Professor Max Gruber* considers this method useless in the diagnosis of commas, and relies on the characteristic appearance presented by quite young colonies in 10 per cent. gelatine.

An entirely different view of the nature of the water vibrios is taken by Metchnikoff and Sanarelli. Blachstein,† working in the laboratory of the former, isolated a vibrio from the Seine which he found to be more virulent in its action on animals than any vibrio derived from Indian cholera in his possession. This discovery was confirmed by Sanarelli,* who not only isolated pathogenic vibrios from the Seine, but from the Seine water in Versailles. Here it may be noted that Metchnikoff† has found that there is no constant relation between the virulence of comma bacilli injected into animals and their power to give cholera to man.

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* *Lancet*, Vol. II, 1894, pages 3 and 68.

† *Annales de l'Institut Pasteur*, 1893, page 692.

Metchnikoff‡ found that the ingestion of a culture of the Versailles vibrios produced a mild attack of 'cholera.' He believes them to be cholera vibrios, capable, under favourable circumstances, of giving rise to cholera, the immunity of Versailles depending on nature of the intestinal flora of the inhabitants.

Sanarelli§ next attempted to discover the source of these water vibrios: they could not be the survivors of an epidemic of cholera since they occurred in the water of Versailles, a place famous for its immunity; nor could they be ordinary water saprophytes, since they are only occasionally found in water. He had noticed, when trying to give cholera to guinea-pigs, that some of these animals which were refractory to the injection into the stomach of large doses of the Massowah vibrio along with bicarbonate of soda, and were also refractory to the intraperitoneal injection of small doses of typhoid toxin, speedily died when both injections were administered. The symptoms exhibited were those of 'cholera' of guinea-pigs, and the *post-mortem* appearances were typical. In the small intestine, which presented the appearances induced by cholera, very few of the Massowah vibrios were to be found, while in the large intestine a few Massowah vibrios were associated with enormous numbers of other vibrios. He believed the latter to be simply intestinal microbes which had found in the diseased intestine conditions peculiarly favourable for their development.

He then set to work to produce a toxic enteritis in guinea-pigs. For this purpose two toxins were prepared, the one from 'cholera' vibrios, the other from the typhoid bacillus.

The cholera toxin consisted of the vibrios of Ghinda thoroughly macerated, and contained the substances produced by the microbes growing in peptone-gelatine, and the poison contained in the bodies of the vibrios themselves. This toxin, which was sterilized at 120° C. before use, was invariably fatal to guinea-pigs, in from 12 to 24 hours, by the intraperitoneal injection of from ·5 to 1 c.c.

The typhoid toxin was prepared by taking up with glycerine an old culture of the typhoid bacillus in bouillon, and sterilizing. The minimum dose fatal to guinea-pigs by intraperitoneal injection was 8 c.c.

A fatal illness in guinea-pigs stimulating cholera was brought about in three ways :—

(1) By the injection of the sterile cholera toxin and a solution of bicarbonate of soda into the stomach.

(2) By the injection of sterile cholera toxin into the stomach, after the injection into the peritoneal cavity of 2 c.c., one-fourth of a fatal dose, of the typhoid toxin.

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* *Annales de l'Institut Pasteur*, 1893, page 693.

† *Annales de l'Institut Pasteur*, 1894, page 538.

‡ *Annales de l'Institut Pasteur*, 1894, page 534.

§ *Annales de l'Institut Pasteur*, 1895, page 129.

(3) By the intraperitoneal injection of the typhoid toxin, after the introduction into the stomach of bicarbonate of soda.

From the intestinal contents of guinea-pigs killed in the first way, by the ingestion of sterile cholera-toxin and bicarbonate of soda, twelve different vibrios were isolated, which could not have been distinguished by any bacteriologist from those of cholera ; so characteristic were the reactions obtained with them, that vibrios from actual cases of cholera might appear atypical and degenerate when compared with them. They were pathogenic for animals in varying degrees; one of them was more virulent than the vibrio of Ghinda, or even than the vibrio of Hamburg. If a very strong dose of the cholera toxin was used, death ensued rapidly and no development of vibrios was found.

The daily administration of doses of bicarbonate of soda produced no ill-effect on guinea-pigs. If, however, a dose of bicarbonate of soda was followed by the intraperitoneal injection of typhoid toxin, the guinea-pig died after the exhibition of symptoms similar to those resulting from the ingestion of cholera-toxin and bicarbonate of soda, and in the intestinal contents, instead of vibrios, enormous numbers of the *bacillus coli* were found, and these bacilli were virulent. This recalls the cases of *cholera nostras* recorded as being produced by the *bacillus coli*, after the ingestion of some indigestible substance. In these cases Sanarelli considers that the morbid process had not been of such a kind as to awake pathogenic activity in the vibrios.

He considers that cholera is neither an infection nor an intoxication ; the effect of the ingestion of bicarbonate of soda, or of the injection of a small dose of the typhoid toxin into the peritoneum, is a desquamation of the epithelium which enables the poison contained in the vibrios to get at the denuded intestinal walls. The wall of the intestine then, instead of remaining an absorbing, becomes a transuding, membrane. But some exceptional morbid process must be aroused to cause the vibrios to become pathogenic, or their activity must be stimulated by favouring micro-organisms. Since it has been shown that the water vibrios can induce cholera, if the vibrios developed in the intestine are the same, as Sanarelli believes they are, then, he says, we must look to the intestines of men and animals for the origin of epidemics of cholera.

But it is a much more difficult matter to account for the absence of vibrios in fatal cases of cholera, than for the presence of vibrios in the absence of disease.

The observation, originally made by Klein, that the number of vibrios found in the evacuations bears no relation to the severity of the attack—a fact that would seem to indicate that the disease cannot be due to the absorption of a poison produced by the vibrios—has been repeatedly confirmed. In many cases of cholera, commas, although eventually found, have been absent from the evacuations for days, while in others commas have been absent until just before death. But there are now on record a very large number of cases of fatal cholera where competent observers have failed to discover commas during the course of the illness, or after death. Such cases are recorded by Lesage and Macaigne,* Rumpf, Rumpel and many others. Professor Max. Gruber† considers the number of such cases too small to raise any doubt as to the etiological significance of the vibrios, but the references which he gives in a footnote indicate only a small fraction of the cases that have been recorded.

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* *Annales de l'Institut Pasteur,* 1893, page 18.

† *Lancet,* Vol. II, 1894, page 69.

When vibrios are not found in cases of choleraic disease, several explanations are possible. The observer may not have searched for them with sufficient persistence, or his methods may have been imperfect ; the case may not have been cholera at all ; it may have been one of food-poisoning, or it may have been one of *cholera nostras*. Recently Wiltschur* has found in 70 cases of cholera, examined by him in St. Petersburg, besides fairly typical commas, 'bipolar' rods which he succeeded by cultivation in various culture media, in transforming, in from ten to fifteen generations, into typical comma bacilli. Wiltschur believes that this discovery not only accounts for the failure to find commas in cases of cholera, but the fact that the morphological and biological alterations in the commas have resulted from peculiar conditions of climate and soil, explains the influence of climate and locality on epidemics. Wiltschur's observations have not yet been confirmed.

It is now necessary to retrace our steps to review the work done by Dr. D. D. Cunningham, F.R.S., in Calcutta. Dr. Cunningham began his systematic work in 1884 after the departure of the English Cholera Commission. He has carried it on ever since, in Calcutta, under special advantages so far as the supply of genuine cholera material from actual cases of cholera is concerned.

The following is a summary of his papers, which have been published† from time to time.

The result of the first year's investigations served to show—

(1) that, as Klein had previously affirmed, the numbers of vibrios present in the contents of the intestine, in different cases of cholera, vary enormously, without any corresponding variation in the severity of the disease ;

(2) that, in cases of cholera in which the intestinal contents abounded in vibrios, there was no evidence of the penetration of the vibrios into, or beyond, the walls of the intestine ;

(3) that vibrios present in choleraic material may differ conspicuously in morphological characters in different cases of the disease ;

(4) that the morphological characters of certain species of vibrios are profoundly affected by the nature of their environment, and hence vibrios may be potentially present though morphologically absent in given materials ; ‡

(5) that in certain cases of disease other than cholera, where the intestinal contents are of an abnormal character, the discharges may abound in vibrionic organisms ;

(6) that the normal contents of the human intestine may contain very large numbers of vibrionic organisms in health ;

(7) that such organisms are normal inhabitants of the intestinal tract of certain of the lower animals, such as the guinea-pig, as previously pointed out by Klein ;

(8) that vibrionic organisms may occur in enormous numbers in water, quite apart from any special contamination by fæcal matter, and from any prevalence of cholera in the neighbourhood ;

(9) that vibrios, which are capable of being cultivated, may be entirely absent from the intestinal contents in cases that are clinically cholera.

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* *Centralblatt für Bakteriologie und Parasitenkunde*, Vol. XVI, page 158, 1894.

† Scientific Memoirs by Medical Officers of the Army of India, Parts I to IX, Calcutta, 1884 to 1894.

‡ Compare Wiltschur's observations, *loc. cit.*

During the course of 1886 these observations were confirmed, and certain inoculation experiments were made on guinea-pigs. From the latter it was ascertained that the subcutaneous injection of materials obtained from pure cultivation of vibrios derived from certain cases of cholera were capable of giving origin to fatal disease in guinea-pigs. But this disease was of a non-choleraic type; it was attended by diffuse inflammatory processes of the subcutaneous tissues and of the peritoneal cavity, and commas were present, not only within the intestinal tract, but in the blood-vessels and lymphatics.

Subsequent investigations into the behaviour of choleraic vibrios in soil, in water, and in milk, showed that they were singularly unfitted, under ordinary conditions, to maintain the struggle for existence.

In 1890 it was ascertained that cases of disease in Calcutta, which presented all the clinical features of cholera, and were diagnosed as such by physicians familiar with the disease, were, not only as previously determined, not necessarily associated with the occurrence of any special development of vibrios within the intestine, but, where such organisms did occur, they did not present identical morphological and physiological characters. On the contrary, in many instances they differed so essentially from one another, that they must be regarded as perfectly distinct species, unless all schizomycete classification is to be abandoned and different forms are to be regarded as mere varieties of one another. The varieties obtained by Dr. Cunningham have remained distinct, although they have now been cultivated for years under precisely similar conditions of environment.

Further observation showed that artificially induced diarrhœa may be attended by the excessive development of vibrios. The authorities in the Presidency Jail in Calcutta had been much troubled by prisoners, who desired to shirk work, inducing a peculiar form of diarrhœa unattended by any general illness. The discharges were watery, often nearly transparent, and contained large, almost colourless, flocculent, tenacious masses of gelatinous consistence, made up of amorphous matter and fragments of *débris*. The discharges were frequently sent to Dr. Cunningham in order that, if possible, the means whereby they were set up might be ascertained. In one case typical commas were obtained in almost pure culture.

In the spring of 1892, the sailing vessel *Crofton Hall*, which, had left Calcutta, had to return to the port as many of the crew were prostrate with what was believed by those who investigated the outbreak, and by those who treated the sufferers, to be ptomaine poisoning, due to the ingestion of decomposing meat. Samples of the intestinal discharges were submitted to Dr. Cunningham for examination, and the material obtained from one case was distinguishable from the rest only by the presence of innumerable comma bacilli, differing from typical commas less, in all respects, than commas derived from cases of cholera differ from one another.*

It will be observed how closely the results obtained by Dr. Cunningham agree with the conclusions to be drawn from the work done recently in European laboratories.

The question—"Is the comma bacillus the cause of cholera, or only a result?"—cannot yet be satisfactorily answered. The frequent if not constant association of commas with cholera is disputed by no one, and their discovery in a case of illness suspected to be cholera is admitted, even by the opponents of Koch's theory, to confirm the correctness of the suspicion. Again, the

* Compare Sanarelli's experiments with toxins, *loc. cit.*

development of enormous numbers of vibrios in the intestine must have some effect on the course of the disease.

The majority of the best known observers in Europe are agreed that the comma is the principal factor in the causation of cholera, but all admit that many serious difficulties remain to be explained. Investigations are being made now into the difficult question of the cause of immunity of persons and places. In these inquiries most attention has been directed to the discovery of conditions peculiar to the persons that are immune, and comparatively little to possible physiological differences in the microbes themselves. The varying degrees of virulence shown by different cultures of the comma when injected into the peritoneal cavity, are well known, and, although, as pointed out by Metchnikoff, this virulence bears no ascertained relation to the 'cholera-producing' power of the microbe, it is likely that its virulence in that direction may also vary. Virchow, it will be remembered, at the second Cholera Conference in Berlin, laid stress on this possibility. This is the view held by Mr. Hankin.* He believes that virulent vibrios degenerate after a time, and that the length of the time they remain able to produce cholera depends on their environment; in some waters, for instance, virulent microbes speedily become harmless. The present imperfect state of our knowledge scarcely permits of criticism of this hypothesis. It does not explain immunity, although perhaps it explains other phenomena, such as the sudden cessation of epidemics, and the presence of commas in the evacuations of the healthy, in a more satisfactory manner than any other theory in which comma bacilli are held to be the cause of cholera, and not merely the constant results of the disease, and frequent concomitants of the cause.

112. The history of cholera in India in 1894 affords examples of many of the best known features of its epidemiology in this country.

In the endemic area there was the usual continuous occurrence of deaths from cholera, and the monthly distribution of these was influenced by seasonal causes. In the various groups of districts in this area the seasons of highest mortality were not coincident. Fairs occurred in the different districts, cholera broke out at some and was absent from others, but no effect on cholera mortality is discernible as resulting from the fairs.

In the North-Western Provinces and Oudh an unusually early and severe epidemic of cholera followed the dispersal of pilgrims from the great fair at Allahabad, although there was no cholera there until most of the pilgrims had dispersed. The study of the directions taken by the epidemic is interesting. While the disease was raging in the east of the province, the fair at Hardwar was held, but there was no cholera at it. The numbers of deaths from cholera in the North-Western Provinces and in the Punjab and Rajputana, which are adjacent on the north-west and south-west, afford a most striking contrast. In the North-Western Provinces and Oudh there were 178,079 deaths, the second highest mortality on record: in the Punjab there were 113, one of the lowest numbers recorded; in Rajputana there were only two deaths, both at Jodhpore.

Many cases of cholera were imported into the Central Provinces, not only from Allahabad, but from Puri, Khandesh, Amraoti, and Ellichpur; the cholera death-rate was, however, less than one-third of the quinquennial mean. The Raipur district in the Central Provinces is notorious for severe visitations of cholera. The disease was introduced from Allahabad into about twelve different parts of this district, but the cholera death-rate was only ·09, or less than one fifty-seventh of the quinquennial mean.

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* Annual Report of the Chemical Examiner and Bacteriologist to the Governments of the North-Western Provinces and Oudh and of the Central Provinces, 1894, especially page 21.

In the jail at Mandalay cholera broke out and continued, among a body of prisoners drinking only boiled water under strict supervision. No one will pretend that this is a test case condemning the utility of boiling water; the precautions taken were not those of a laboratory experiment, but they seem to have been almost as stringent as possible in the East, when dealing with a large body of men.

However much the views held, as to the explanation of facts, may differ, every one will agree that in the present state of our knowledge precautions to close one possible avenue of the approach of cholera are insufficient; attempts must be made to close all possible avenues.

This was very clear to Dr. J. M. Cuningham when he wrote*:—

> "In the report on the cholera of 1869 I remarked,† 'It is only by a thorough system of sanitary improvements that any decided results can be obtained,' improvements which shall not be confined to military cantonments only, but which shall embrace native cities and the country generally. As regards cantonments I have already indicated what are the chief wants. The importance of thorough drainage has been repeatedly brought to notice, as well as the necessity of improved means for the supply, and still more perhaps for the distribution of water. . . . . Taking the general history of this epidemic into account, there is little reason to conclude that it was spread over the vast area which it covered by means of water which had been poisoned by cholera evacuations; but the very great value of a pure water-supply, as a preventive of the disease, can hardly be over-estimated, nor the great importance of deriving it from some source removed from human habitations, and beyond the smallest suspicion of contamination."

We may differ in our views as to causation; we can scarcely improve upon his remedy.

Cholera in India as a whole.

113. The number of deaths recorded during the year as due to cholera, throughout India and Burma, was 529,049, against 218,113 in 1893, and 762,695 in 1892. In the year under review, the numbers of deaths were greater than in 1893 in all provinces, except Assam, the Punjab, Rajputana, Mysore, and Coorg. The almost total exemption of Rajputana is very remarkable, in view of the prevalence of cholera in the surrounding provinces.

As compared with 1892, the numbers of deaths were greater in only three provinces—Berar, Hyderabad, and Burma.

In the following statement, the numbers of deaths registered in the various provinces in 1894, are compared with the numbers registered in the preceding seventeen years:—

Statement showing the deaths from CHOLERA *in the different Provinces in India from 1877 to 1894.*

YEAR.	Bengal.‡	Assam.	N.-W. P. and Oudh.	Punjab.	Central Provinces.	Berar.	Rajputana.	Central India.	Bombay.	Hyderabad.	Madras.	Mysore.	Coorg.	Lower Burma.	Ajmere-Merwara.
1877 . .	155,305	11,377	31,770	29	3,418	842	60	926	57,228	7,414	357,430	2,902	§	7,276	11
1878 . .	95,102	6,732	22,221	215	40,985	34,306	2,393	8,047	46,743	6,696	47,167	723	49	6,759	210
1879 . .	136,363	17,415	35,892	26,135	27,575	223	918	2,734	6,937	6	13,296	14	...	1,828	120
1880 . .	39,643	2,803	71,546	274	330	1	...	299	684	...	613	25	...	2,638	3
1881 . .	79,180	5,010	25,865	5,207	9,140	3,404	197	581	16,694	1,721	9,446	25	3	5,239	16
1882 . .	182,352	21,055	89,372	39	11,932	3,573	1,327	1,562	7,904	150	23,604	893	31	7,177	289
1883 . .	90,439	14,908	18,160	190	16,235	27,897	797	1,740	37,954	1,947	36,284	124	...	2,185	87
1884 . .	134,421	22,276	30,143	614	149	87	1,297	1,018	13,804	2,479	75,476	330	...	5,515	227
1885 . .	173,767	7,753	63,457	1,936	21,868	3.683	1,615	4,624	37,287	1,387	58,109	2,677	...	7,685	100
1886 . .	118,368	20,188	34,565	12	16,679	976	173	290	167	499	12,417	10	...	4,027	765
1887 . .	172,578	7,941	200,628	8,804	12,576	14,396	2,612	8,868	25,711	2,831	28,359	832	3	2,649	384
1888 . .	111,391	9,693	18,704	14,938	921	305	32	191	36,500‖	2,057	58,677	1,015	2	15,982	13
1889 . .	171,103	18,288	48,491	2,838	52,588	10,925	6,923	3,344	32,431	1,128	76,030	1,590	9	3,240	55
1890 . .	145,885	15,396	80,295	3,401	4.787	847	2,746	3,132	3,259	...	35,288	1,326	5	1,076	408
1891 . .	229,575	23,882	169,013	10,107	21,312	7,958	2,946	13,474	17,850	3,102	98,773	1,204	7	2,400	532
1892 . .	259,398	21,552	194,886	75,959	39,972	2,030	26,760	8,384	42,900	53	79,033	5,497	58	6,208	2,352
1893 . .	126,976	21,849	12,154	639	557	1,188	314	127	18,853	165	32,209	680	9	2,393	3
1894 . .	236,150	13,497	178,079	113	7,043	3,452	2	5,210	33,588	1,862	42,289	328	8	7,428	...

‡ Excluding Calcutta from 1877 to 1892. § Statistics not available. ‖ Including four deaths, the monthly distribution of which is not known.

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* Annual Report of the Sanitary Commissioner with the Government of India for 1872, page 34.

† Annual Report of the Sanitary Commissioner with the Government of India for 1869, page 69, paragraphs 195 and 196.

Seasonal prevalence.

114. The following table shows the seasonal distribution of the mortality in the various provinces. It will be observed that the highest mortality occurred in May and August; in 1893 the maxima were in November and December, while in 1892 the greatest numbers of deaths were registered in May and June.

Statement showing the deaths from CHOLERA *registered in the different Provinces, by Months, during the year 1894.*

PROVINCE.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	RATIO OF DEATHS PER 1,000 OF POPULATION.	
														1894.	1893.
Bengal . . .	19,784	11,842	17,071	25,350	30,512	31,714	30,589	25,965	10,054	8,662	12,257	12,350	236,150	**3·32**	1·78
Assam . . .	2,700	1,166	1,431	1,918	1,670	1,194	737	377	450	428	531	895	13,497	**2·69**	4·35
North-Western Provinces and Oudh .	28	1,462	7,154	15,503	23,620	21,152	24,881	34,663	10,961	19,282	12,024	7,349	178,079	**3·80**	·26
Punjab . . .	...	...	...	2	50	22	1	3	18	...	17	...	113	**0·005**	0·03
Central Provinces .	...	186	283	100	485	650	422	2,562	1,781	374	159	41	7,043	**0·74**	0·06
Berar . . .	7	13	54	141	596	155	457	1,395	278	68	130	158	3,452	**1·2**	·4
Lower Burma . .	231	392	346	723	498	404	1,450	1,059	749	609	619	348	7,428	**1·64**	·53
Madras Presidency .	19,030	8,222	3,188	1,883	1,182	897	648	1,387	1,377	468	914	3,093	42,289	**1·3**	1·0
Bombay Presidency	150	62	506	2,279	11,088	6,993	7,361	3,764	718	298	277	92	33,588	**1·78**	1·00
Ajmere-Merwara .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	·01
Coorg . . .	8	...	...	...	...	...	...	...	...	...	...	...	8	**·04**	0·05
Mysore . . .	115	14	22	3	76	57	29	11	...	...	1	...	328	**·07**	·14
TOTAL .	42,053	23,359	30,055	47,902	69,777	63,238	66,575	71,186	26,386	30,189	26,929	24,326	521,975	...	...

In the next table the mortality in each province in 1894 is compared with the mean mortality of the previous quinquennial period; the death-rates registered in the urban and rural circles are collated; the percentages of villages attacked are shown; the maximum mortality in rural and urban circles are contrasted, and the months of greatest cholera prevalence in each province are indicated.

PROVINCE.	Mortality in 1894.	Mean mortality of previous five years.	Urban mortality.	Rural mortality.	Per cent. of villages attacked.	Maximum mortality in any one rural circle.	Maximum mortality in any one town.	Month of maximum prevalence.
Bengal . . .	3·32	2·65	3·88	3·29	13·4	11·08	30·07	June.
Assam . . .	2·69	4·03	2·95	2·68	13·5	5·64	12·51	January.
North-Western Provinces and Oudh .	3·80	2·18	2·98	3·86	14·8	9·84	39·57	August.
Punjab . . .	0·005	0·90	0·02	0·004	.05	0·04	0·66	May.
Central Provinces .	0·74	2·60	1·27	0·69	2·4	2·75	48·46	August.
Berar . . .	1·2	1·6	2·4	1·0	4·05	1·6	18·9	August.
Lower Burma . .	1·64	·72	2·42	1·53	11·4	12·80	21·60	July.
Madras . . .	1·3	1·9	2·1	1·2	11·4	4·5	23·9	January.
Bombay . . .	1·78	1·28	1·38	1·84	10·3	6·31	19·14	May.
Ajmere-Merwara . .	*Nil*	1·24	...	...	...	...	...	

The mortality ratios of this table are per 1,000 of population.

Cholera in Bengal.

115. The number of deaths from cholera registered in Bengal, in 1894, was 236,150, against 126,976 in the previous year. The death-rate per mille of the population, calculated on the figures of the census of 1891, was 3·32, as compared with 1·78 in 1893, and 2·65, the average death-rate of the five years, 1889-93. In 35 of the 46 districts, deaths from cholera were recorded in every month of the year, and in only three of the remainder was it absent for two months or more. In

Darjeeling (death-rate from cholera ·08 per mille), cholera deaths were recorded in May (1), June (12) and October (5), and in Lohardaga (death-rate ·09), in June (8), July (4), August (54) and September (36). In these two districts the lowest cholera death-rates were obtained. In Palamau, the district adjoining Lohardaga, no death from this cause was registered in January or December, but so severe was the mortality from cholera in the other months, especially in June and July, that the highest death-rate in the province, 11·16, was registered there. In eight districts no cholera death was reported in one month of the year: these and the months of exemption were—Champarun, Muzaffarpur, and Monghyr, January; Darbhanga, February; Rangpur, August; Nadia, Rajshahi, and Dinajpur, September. In the province as a whole, the greatest mortality was in June (31,714), July (30,589) and May (30,512), and the least in October (8,662), but in the geographical divisions of the province the mortality was differently distributed. In Bengal proper, the death-rates were highest in January and April, March, February and December, in the order given. In Orissa, the rates were highest in July, April, August and November. In Bihar, which borders on the eastern districts of the North-Western Provinces, the death-rates were highest in June, July, May and August, and lowest in February, January and March. In Chota Nagpur, the death-rate, very low in January, rose gradually until May, increased suddenly to a maximum in June, fell gradually till August, abruptly in September, and then gradually until the end of the year.

The rural death-rate was 3·29, somewhat lower than the average of the towns, which was 3·88. In Chaibassa, the enormous death-rate of 30·07 per mille was recorded; in seven small towns no death from cholera was reported; in the remainder, the death-rates ranged from 20·41 in Daltonganj, and 16·51 in Jagadishpur, to ·06 in Rangpur.

Some particulars regarding the more important fairs held during the year will be found to be of interest in connection with the alleged dissemination of cholera by pilgrims.

Cholera was very prevalent in the province in the end of 1893, and during the last quarter of that year upwards of 97,000 deaths were recorded; in January 1894 there were upwards of 19,000 deaths; fatal cases were reported from every district except Darjeeling, Champarun, Mozaffarpur, Monghyr, Lohardaga and Palamau, although in Bhagalpur and the remaining districts in the Patna and Chota Nagpur divisions, the numbers of deaths were small.

In Bhagalpur, the Bounsi Fair was held on the 12th and 27th of January and intervening days; the estimated number of persons present was 1,75,000; there was no cholera at the fair, nor did the disease spread in the district. The numbers of deaths recorded in the district fell from seven in January to one in February and two in March; in April there were ten deaths, after which the numbers rose and continued high until the end of the year.

In Nadia, upwards of 30,000 persons attended the Chaitanya Fair at Navadwip in March. There were a few cases of cholera there. In this district the highest mortality during the year was recorded in March, it fell slightly in April, and markedly in May, fatal cases of the disease became fewer until August, when only three were recorded; there was no death in September, but there was a recrudescence of the disease in October, and the number of deaths in the last quarter was 937.

In Hooghly, the Snanjatra Fair was held on the 18th June, and the Rathjatra Fair from the 5th July to the end of the month. About 50,000 persons attended each fair; there was no cholera at either. In this district the highest mortality of the year, 335 in February, had fallen to 59 in June; in July the mortality rose to 167, and in August to 184, the numbers falling in September (74) and October (37), to rise again towards the end of the year.

In Rajshahi, the Khetori Fair was held on the 21st of October, and about 25,000 attended. No case of cholera was reported. The disease was very rife in this district in the first half of the year, but there were only 13 deaths recorded in August and none in September; there were 17 in October, 101 in November, and 245 in December.

In Saran, the Sonepore Fair lasted about three weeks in November, 100,000 attended, and there were 17 cases of cholera and 14 deaths. In the same district the Godna Fair took place on the 10th and 19th of November and intervening days; between 60,000 and 70,000 people were present. "There was no outbreak of any disease." In the Saran district cholera was severely epidemic from May to August, but the mortality had declined to 379 deaths in October; there were 220 deaths in November and 142 in December.

Regarding the prevalence of cholera in Saran, the Sanitary Commissioner quotes the opinion of the Civil Surgeon, "The disease appears to have spread from the neighbouring districts of the North-Western Provinces and Bengal to the north and west of this district, probably through the agency of pilgrims returning from the *magh mela* at Allahabad in the middle of February." But in the Saran district, in 1893, there were deaths from cholera reported in every month except March, and there were 239 deaths in all in that year, including 59, 27, and 76 reported in October, November, and December respectively. There was only one death reported in January, 4 were recorded in February, 18 in March, and 59 in April. Pilgrims from Allahabad passed through Saran, and may have contributed to the 22 deaths reported in February and March, but it is scarcely reasonable to assume that their presence was the cause of an epidemic of the disease still present in Saran itself, and in the adjoining districts in the south, where it had recently been prevalent. The only Bengal district to the north and west is Champaran, where, from the 1st of December 1892 until the 20th February 1894, there were only 5 cases registered, all in June 1893.

Except in Puri itself, the pilgrim routes are said to have been free from cholera; the death-rate from this cause in Balasore district was 4·93 per thousand, in Puri district 2·10, and in Puri town 8·02.

Cholera in Assam.

116. Although cholera was present in every district, except the Khasi and Jaintia Hills, in every month during the year, the mortality from the disease was less than usual. The number of deaths registered was 13,497, compared with 21,849 in 1893, and the death-rate was 2·69 per mille, against 4·35 in the previous year, and 4·03 the average of the previous five years. The districts in which the cholera death-rates were highest were Sibsagar (5·66) and Lakhimpur (3·26); in the former the rainfall was slightly, and in the latter much, heavier than usual. In the Khasi and Jaintia Hills only 11 deaths were recorded. In the head-quarter and subdivisional towns the average death-rate was 2·95, as compared with 2·68 in the rural circles. The period of greatest prevalence in the Surma valley was from January to May, and in the Assam valley from March to July. The busiest part of the immigration season is from December to April, and although this coincided in 1894 with the period of the greatest epidemic prevalence of cholera, the immigrants can scarcely be blamed for the importation of the

disease from Bengal, in view of its prevalence throughout the province all through the year.

A special inquiry addressed to Civil Surgeons, with the object of obtaining information regarding peculiarities in districts specially affected, elicited no information, beyond the fact that the sanitary conditions of affected places were no better and no worse than the conditions of places which escaped. The Civil Surgeon of Sibsagar was of opinion that the disease was introduced by immigrant coolies to the gardens, and thence to neighbouring villages.

Cholera in the North-Western Provinces and Oudh.

117. The number of deaths recorded as due to cholera in the North-Western Provinces and Oudh was 178,079. This number has only twice been exceeded; in 1887, when 200,628 deaths were registered, and in 1892, when the number was 194,886. The death-rate was 3·80 per thousand, against ·26 in the previous year and 2·18 the average of the previous five years. No district was entirely free from the disease, although in Almora only one death was recorded, in Dehra Dun three, in Jhansi six, in Garhwal ten, in Aligarh eleven and in Meerut thirteen. The highest death-rate was 9·77 per thousand recorded in Gonda, and this was closely followed by 8·75 in Unao and 8·71 in Gorakhpur. These death-rates, though very high, have often been exceeded, as in Jhansi and Jalaun, where the death-rates from cholera in 1887 were 17·93 and 15·80 per mille respectively, and as in Almora and the Garhwal hill tracts, where the death-rates in 1879 were respectively 15·92 and 11·19. All the districts in the Gorakhpur, Fyzabad, Lucknow, and Benares divisions suffered greatly, as did those in Rohilkhand and Allahabad, except Moradabad, Budaon, Hamirpur, Jalaun, and Jhansi. The average rural death-rate was 3·86 per mille, and in the towns the average was 2·98. In the towns with populations over 100,000, the death-rates from cholera ranged from 5·83 in Cawnpore, and 3·43 in Lucknow, to ·13 in Agra. Among the towns with populations between 50,000 and 100,000, the highest death-rate was 8·63, recorded in Gorakhpur; in the others the rates ranged from 4·61 in Mirzapur-Bindhachal to ·03 in Aligarh. Among the smaller towns with populations in excess of 10,000, twenty-six were almost free from cholera, while in thirteen the death-rates were over 10 per mille, including enormous rates recorded in Barhaj (20·14), Fatehpur (20·62), Kanauj (22·10), Sahtawar (27·87), Unao (30·71), and Purwa (39·57).

The seasonal distribution of the disease was unusual. We find that in December of 1893 there were only 140 deaths from cholera registered in the united provinces, and in January of 1894 the number had fallen to 28, the lowest number, except two (16 in December 1883, and 24 in January 1889), recorded in any month during the last fourteen years. The twenty-eight fatal cases were widely distributed, nine in Fyzabad, six in Benares, four in Sultanpur, three in Naini Tal, two in Gonda and, one each in Bareilly, Muttra, Agra, and Sitapur.

In February, the number of deaths rose suddenly to 1,462, the largest number of deaths ever recorded in that month. In the North-Western Provinces severe prevalence of cholera during the early months of the year is an unusual occurrence, and not since 1882, when there were 1,408 deaths registered in January and 1,424 in February, numbers much understated on account of deficient registration, has there been such heavy mortality from this cause in the beginning of the year. The years 1882 and 1894 have this in common, in both a *magh kumbh* fair was held on the spit of land at the junction of the

Ganges and Jumna at Allahabad. In 1882 the days of the fair proper were the 12th to the 22nd of January inclusive; in 1894 the chief days were the 12th January to the 20th February, the great day being the 5th February, but the assemblage began on the 9th January, and did not finally disperse until the 20th February. During most of this time about 50,000 persons were permanently residing at the site of the fair.

In the Report of the Sanitary Commissioner of the North-Western Provinces and Oudh for 1881, there is a most interesting account by Dr. Planck of the fair of 1882. The sanitary precautions taken then were in marked contrast to the elaborate care taken of the pilgrims' health at the recent gathering, when the arrangements were so "complete and successful." In 1882 there was no special provision made for the supply of drinking-water, and the neglect of conservancy was such that a sickening stench of ordure filled the air. The state of affairs is graphically described by Dr. Planck, who, although he had no powers, was present throughout, and praises highly the energy displayed by the officers in charge, who did their best with the means at their disposal. The first case of cholera was reported on the 18th of January 1882, and there was a considerable outbreak among the pilgrims at the fair and on the homeward journey. Of the 1,408 deaths recorded throughout the provinces in January, 1,272 were reported within a radius of 100 miles from Allahabad, and of the 1,424 registered in February, 1,110 were recorded in the same area. In March the disease became epidemic in the eastern districts, and continued till August, when it died away, re-appearing in Partabgarh in October. But about the time that the violence of the disease abated in the eastern, it broke out in the western districts. There it appeared in Sitapur in January, but did not become epidemic in that district until July. From August till October it raged in the north-western districts of Lucknow, Barabanki, Sitapur, Kheri, Shahjahanpur, Budaun, Bareilly, and Pilibhit. In November the mortality from the disease declined, and in December there were only 226 deaths recorded in the province. The number of deaths in 1882 was 89,372; during the following year there were 18,160 recorded.

Turning now to the *magh kumbh* of 1894. In view of the large assemblage expected, special arrangements were made as soon as the site for the fair could be definitely fixed. This, owing to the direction of the main stream of the Ganges after the heavy rains in the hills in October 1893, could not be done until late in December. It was decided to lay out the main site of the fair on the cantonment land on the right bank of the river, between it and the Beni embankment, which runs north from the fort to the village of Daraganj. It was arranged that the religious brotherhoods, or *akharas*, should be encamped on an island in the bed of the river, near the left bank, their encampment being connected with the main site, on the other side of the Ganges, by means of a bridge of boats.

The general site, on alluvial land, immediately north of the Fort, comprised a broad sheet of shops, and to the north of this again an extensive camp, with broad thoroughfares, and lanes which left the main roads at right angles. On the island, a broad road running eastward from the bridge of boats divided the camp into two.

At the general site the municipal water was laid on, the numerous standposts, each surrounded by a platform of flagstones, being situated at convenient distances from each other. All wells were closed and fenced in, so that no one could use water from them. It was not practicable to supply the municipal water to the camp on the island, but arrangements were made for a supply from the main stream of the Ganges, access to back-waters being prevented by a cordon of police.

Conservancy was thoroughly carried out. At the general site, dry earth latrines were used, solids and liquids being collected in separate vessels, and conveyed to a distant trenching ground by means of a light tramway. On the island there were trench latrines, round which were placed police cordons. Ample urinal accommodation was provided. Rubbish and sweepings were removed in carts, except when the accumulations were very large, when they were burnt at convenient places. Provision was made for the prompt removal of the sick to hospital for treatment. For police, sanitary, and medical purposes, the general site was divided into five areas, and the encampment on the island into two, and arrangements were made for continual patrolling by day and night.

The Deputy Sanitary Commissioner was placed in executive sanitary charges of the fair, and had for his guidance a very elaborate set of rules, drawn up by the provincial Sanitary Commissioner.

How successful these precautionary measures proved, may be judged from the fact, that among that vast multitude, which on the 5th of February comprised more than one million and five hundred thousand souls, including a large proportion of the aged, sick, and maimed, only 185 died from the 9th of January to the 20th February. Of the deaths, 47 were due to fever, 59 to dysentery and diarrhœa, and three to cholera. The three deaths from cholera occurred on the 11th of February, after most of the people had dispersed. The number of attacks is not mentioned, and it may be noted that on the 11th February, the number of deaths recorded as due to dysentery and diarrhœa, which had up to that time never exceeded four on any one day, reached eleven.

During the period of the fair, bacteriological examinations of water in the neighbourhood were carried on by Mr. Hankin, Chemical Examiner and Bacteriologist to the Governments of the North-Western and Central Provinces. Mr. Hankin visited Allahabad on the 3rd of February, and examined specimens of water from about sixty different sources. He writes*:—

> "Out of the total number of specimens examined, vibrios (that is to say, microbes resembling those of cholera) were detected in 11† in peptone culture, but I only succeeded in isolating them on agar agar in four instances,"

including the specimens from Daraganj and the junction of the Ganges and Jumna.

On the 16th of February, when most of the pilgrims had left, Mr. Hankin again visited the fair. Cholera had broken out in Daraganj and in the city. Search was made for the 'cholera' vibrio in sixteen specimens of water, including all sources in which it had previously been found, but it had vanished from all the latter except from the specimens taken from Daraganj, and at the junction of the Ganges and Jumna. It was, however, found in a ditch, opposite Dharma Bibi well, where it had not previously been detected. Specimens of water from three wells in Daraganj were examined, and found to contain 48,000, 29,000, and 12,000 microbes per cubic centimetre respectively, but no 'cholera' microbe. Mr. Hankin concludes:

> "Of the 11 vibrios found, six came from wells; the rest were obtained from tanks and

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* Annual Report of the Chemical Examiner and Bacteriologist to the Governments of the North-Western Provinces and Oudh and Central Provinces, p. 27.

† Misprinted 31 in original.

from the river. It would seem probable that their appearance in these different localities was connected with the large amount of contamination of the sources of water owing to the great concourse of pilgrims. It is noticeable that the cholera microbe was present in the water at the bathing ghât at a time when about two million persons drank of the water in a single day. There is no reason for supposing that it caused cholera in any case. This probably is due to its not having possessed a sufficiently high degree of virulence."*

Although there was no cholera among the pilgrims encamped near the junction of the rivers, before the great bathing day, the disease was present in the city, which had been free since November 1893.

The first case was noted on the 4th February, in the person of a pilgrim who had just arrived by rail from Benares, and was found, suffering from cholera, on the platform of a well, near the Kydganj Police Station. On the 7th of February, a series of cases were reported in Allahabad, and from this date onwards the disease prevailed in an epidemic form in the back streets of the city, especially in the neighbourhood of the Jumna Bridge, in houses occupied by Pragwals and their pilgrim lodgers.

The chief routes running from Allahabad are the following:—By rail, east by Mirzapur and Mogulsarai towards Bengal; north-west to Fatehpur and Cawnpore; south-west to Manikpur, whence one branch runs west, through Banda, to join the Indian Midland Railway at Jhansi, and the other south, to join the Great Indian Peninsula Railway at Jubbulpore. The main roads are the following:—one runs east to Benares; another, north-east, through Jaunpur and Azamgarh to Gorakhpur; a third north, through Partabgarh and Sultanpur to Fyzabad, whence three roads lead, one east, through Basti to Gorakhpur, another north, through Gonda to Bahraich, and the third west, through Barabanki to Lucknow. To the west, a road runs from Allahabad, along the line of rail, to Fatehpur and Cawnpore.

The main body of the pilgrims began to disperse immediately after the *Amavas*, or great bathing day, on the 5th February. As has been noted, cholera broke out in the city on the 7th, and there were cases in the houses inhabited by pilgrims near the Jumna Bridge, across which many of the pilgrims passed on their way east and to the Naini Railway Station. Cases of cholera, some of them fatal, occurred in the trains running to Mogulsarai and to Jubbulpore, and in twelve districts the first deaths from cholera which occurred during the year, were recorded between the 6th and 22nd of February.

It is unnecessary to consider the case of Lucknow, where the first death was reported on the 6th February, as there was only one death there in February, four in March, and six in April; or of Cawnpore, where one death was recorded in February, another in March, and three in April.

In Mirzapur, the first case of cholera was reported on the 6th of February, and was a " direct importation by rail." There were 123 deaths during the month, and 145 in March; the epidemic continued till the end of the year, culminating in May and June, reaching a minimum of 10 in November.

In Jaunpur, the first case was recorded on the 8th of February; there were 287 deaths in that month, 1,811 in March, the epidemic was at its maximum intensity in April and at its minimum in December, when 10 deaths were Recorded. No details regarding the first case are given, but the Sanitary

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* *Op cit.*, p. 28.

Commissioner quotes the opinion of the Civil Surgeon and the Deputy Sanitary Commissioner, to the effect that the disease was introduced into the district "by pilgrims returning from Allahabad."

In Partabgarh, the first case was recorded on the 8th February, but no details regarding the individual are given; 114 deaths were registered during the month, the epidemic rapidly reached a maximum in April, and gradually declined to a minimum in September; there was no death in November, but there were 155 deaths in December.

In Azamgarh, the first case was recorded on the 12th of February; there were 168 deaths that month, and the disease continued epidemic throughout the year. In the opinion of the Deputy Sanitary Commissioner, "the outbreak was clearly traced to pilgrims returning from the *magh mela*."

In Basti, the first case was recorded on the 12th February; 53 deaths were registered in that month, and the disease continued epidemic throughout the year.

In Gorakhpur, the first case was reported to have occurred on the 12th of February; there were 114 deaths during the month, and the disease persisted in a severe epidemic form until the end of the year. The first case is stated by the provincial Sanitary Commissioner, to have occurred at Baraichpur, in the person of a pilgrim from Allahabad.

In Ghazipur, where the first case was reported on the 13th February, there were 15 deaths in that month, 47 in March, the epidemic reaching its maximum intensity in August and declining to the end of the year. The first sufferer is stated to have been a pilgrim from Allahabad.

In Banda, the first case was reported on the 13th February, there were 25 deaths recorded in that month and 6 in March; the disease then disappeared, to re-appear in May, there were 1,229 deaths in June, and the disease did not leave the district until October. The first case was in the person of a passenger from the *magh mela* who alighted from the train ill. The Civil Surgeon was of opinion that the disease was imported by this man, but no details of the epidemic are given.

In Bahraich, where eight deaths were recorded in February, the first case was reported on the 17th February; there were 167 deaths in March, and the disease persisted throughout the year, being at its maximum in May, June, July, and August. The first case occurred in the person of one Ram Udit, who had returned from Akbarpur and Ajudhia in the Fyzabad district. There was cholera in January (9 deaths) and February (88) in Fyzabad, but whether Ram Udit had come in contact with sufferers or not is not stated. The second case was in the person of a pilgrim from Allahabad.

In Barabanki, the first case was recorded on the 22nd February, and there were five deaths in that month, 24 in March and 5 in April; the disease then became epidemic and persisted until the end of the year, reaching its maximum intensity in July and August.

In Gonda, the disease is stated to have been "undoubtedly introduced by pilgrims returning from the *magh mela;*" but cholera was existent in the district, and in the adjoining district of Fyzabad, in January. In Ballia, where also the introduction of the disease was said to be due to pilgrims, the first case was reported on the 1st of February.

From Bengal, reports were received from the Civil Surgeons of seven districts in the west of the province, relative to outbreaks of cholera, ascribed by them to importation by pilgrims returning from the *magh mela*, but in five of these districts cholera was already present in January.

In four districts in the Central Provinces the first cases of cholera were reported to have occurred in the persons of pilgrims from Allahabad.

The usual large fair was held at Hardwar in April. There was no cholera at the fair, but cases were reported among the dispersing pilgrims, and one pilgrim, returning from the fair, died of cholera at Lhaksar, the station where the Hardwar branch of the Oudh and Rohilkund Railway joins the main line.

In the end of July and beginning of August, outbreaks of cholera, remarkable for their intensity and coincidence, occurred in the following towns:—Cawnpore, Unao, Fatehpur, Lucknow, Farukhabad-Fatehgarh, Etawah and Sandila. At the time of these outbreaks, there was a prolonged break in the rains, with intense moist heat, followed, at first by moderate, and then excessive, rainfall, conditions very favourable to the prevalence of cholera. At Cawnpore, the first three cases, in February and March, occurred in the persons of non-residents, the disease became epidemic in May, and a second outbreak occurred in July, when the mortality exceeded any previous record. It is said that cholera was introduced into Unao and Fatehpur from Cawnpore.

The early outbreak of cholera in the eastern districts, following immediately on the dispersion of the pilgrims from Allahabad, is very noteworthy, but no less so are the exemption of districts in the near vicinity of Allahabad, the total absence of evidence of spread along the line cf rail towards Cawnpore, and, except in the cases of Jaunpur, Gonda, Basti and Gorakhpur, the small proportion of villages attacked in the infected districts.

In April the disease appeared in Unao, in May in Hardoi, and in June in Farukhabad (four deaths in March) and Etawah. The mortality in the districts in Oudh rose until August, when the provincial maximum, 34,663 deaths, was recorded. In September the mortality decreased in Oudh and in the districts bordering on the Jumna, and the provincial mortality fell to 10,961. In October it rose to 19,282, owing to a recrudescence of the disease in most of the districts of Oudh, and to an increase in the mortality in the western districts. From most of these, the disease disappeared before the end of the year, but in the districts in Oudh and in the eastern districts, except in Cawnpore, which was free during October and November, the epidemic continued until the end of the year.

It is unfortunate that in 1882, statistics regarding the incidence of cholera were less elaborately collected than they are now, but the table showing the monthly prevalence of the disease in the various districts in that year very closely resembles the corresponding table for 1894.

Except that there was a *magh kumbh* in each year, there seem to be few points of resemblance between the two years. In 1882, there was a plentiful supply of food, and any scarcity which might have occurred in the North-Western Provinces in 1894, was obviated by the extensive import of the chief food-grains from the Punjab. So cheap was the imported grain, that the average local market rates fell lower than in any year during the previous seven. It is difficult to compare the meteorological features in a large province of two years exactly. In a general way the resemblances were the following. In both 1882 and 1894, the barometrical pressure was above the average in May, August and November; in both years, temperature was in excess in January and December, and in defect in June, July and August; and in both years, rainfall was in defect in March, April and December.

Cholera in the Punjab.

118. It occasionally happens that the population of the Punjab enjoys comparative immunity from cholera, and this may occur in years when the disease is raging in the North-Western Provinces and Oudh.

The years 1882, 1886 and 1894 are examples ; in 1882 there were 89,372 deaths recorded in the North-Western Provinces and only 39 in the Punjab ; in 1886 the figures were 34,565 and 12, and in 1894 they were 178,079 and 113.

The 113 deaths of 1894, yield a death-rate of ·005 per mille, against ·03 in the previous year, and ·90, the mean of the previous quinquennium. Of the deaths, two were recorded in April, fifty in May, twenty-two in June, one in July, three in August, eighteen in September and seventeen in November. Deaths were recorded in the districts of Amritsar (33), Lahore (31), Gurdaspur (28), Hissar (17), Delhi (2), Umballa (1) and Kohat (1).

Cholera in the Central Provinces.

119. There were 7,043 deaths registered as due to cholera during the year, and the death-rate was ·74 per mille, against ·06 in 1893, and 2·60, the mean of the previous five years. There was no death from the disease recorded in January, 186 deaths were recorded in February, 283 in March and 100 in April; in the next three months the totals were, respectively, 485, 650 and 422. In August the number rose to 2,562, in September it was 1,781, falling in October, November and December to 374,159 and 41 respectively. The disease was present in every district in the provinces except Saugor and Narsinghpur, but in fourteen districts the death-rates were lower than the averages of the previous five years. In Chhindwara (2·82), Wardha (2·55), Betul (2·29), Burhanpur (2·27) and Nagpur (2·21), the rates were over 2, while in Nimar (1·70), Murwara (1·65) and Mandla (1·11) they were over 1 per mille. In the town circles, the average cholera mortality was 1·27, against ·69 in the rural circles.

Cholera appeared in nine districts in February, and in four of these, Jubbulpore, Mandla, Raipur and Bilaspur, it was connected with the Allahabad *magh mela*. In Jubbulpore, the first case was reported on 13th February in the person of a Brahmin, who, while travelling from Allahabad, was seized with purging and vomiting in the train. He was taken into a friend's house in Jubbulpore City and died on the 14th. On the 28th, eight persons were attacked in a *muhalla* in the city, of whom four died the same day. "They had all been using water from a well in a private house, described by the Civil Surgeon as the filthiest he had ever seen." Sporadic cases occurred in March and April, and again in the autumn. The total number of deaths in the town was thirty.

In Mandla, cholera appeared in three places almost simultaneously, Mandla town, Manickpur and Dhurra.

> "In each it was imported from other districts. The first case reported at Mandla was that of a young woman returning from the *Pragmela*, Allahabad, who was attacked on the way, and died three hours after arrival at Baharkhai, a suburb situated outside the town ditch, on the 18th February 1894. Three days after two seizures occurred in the town, near the river bank. The first case in the north-east of the district, near Manikpur, was a Brahmin beggar from Shahanugger, Punna State, who died of the disease on the 20th February while proceeding from Manikpur to Shahpur. A second death occurred in Shahpur itself ; but no further cases were reported."

In Raipur, the first case occurred in the little village of Murra, 25 miles north-east of Raipur town. The sufferer, a man named Deo Singh, arrived at Murra from Allahabad with six others of his family, on the 7th of February ; on the 10th, three days after his arrival at his home, he showed symptoms of cholera, but no other member of his family suffered.

> " Subsequently in the village several others suffered
> who had no connection with Deo Singh or his surroundings or with each other."

But

> " the water-supply of Murra is obtained from a filthy tank just below the village stie, into which the sweepings are thrown."

> " One Mussamut Ischia fell ill in the train on her way home from Allahabad and alighted at Drug on the 8th of February. From Drug she started for Purshai, her home, Ranchori Circle, about 20 miles south-west of Raipur, and died on the 11th February after reaching it. There were 25 cases with 20 deaths in this village."

Later, there were twelve independent outbreaks reported from different parts of the district, in all of which, except " one or two " the first cases were in the persons of pilgrims from Allahabad. In each instance the outbreak was confined to the village in which the first case occurred. There were 114 deaths reported in the district in all, and the death-rate was ·09 per mille. Since 1879, Raipur escaped cholera in the years 1884, 1887, 1888, 1890 and 1893 ; in the other years, except 1880 to 1883, inclusive, and 1891 (when the death-rate was 1·46 per mille), the mortality has been enormous, ranging from 13·50 in 1892 to 7·70 in 1885.

In Bilaspur, the first case occurred in the person of a woman travelling from Allahabad to her home in Raipur. She was attacked in the train between Katni and Bilaspur ; at the latter place she was removed from the carriage in a moribund condition to the cholera shed in the station-yard, where she died. Between the 12th and the 18th February, six more cases occurred among pilgrims travelling from Allahabad along the Katni-Bilaspur line, and from the 18th to the 28th, cases were reported from the villages along the line. The total number of deaths in the district during the year was 230.

In addition to these importations from Allahabad, the following instances of the importation of cholera into the province from without, are noted, but in every instance cholera was already present in the respective districts. Into the Nimar district from Khandesh in August ; into Bhandara from Berar ; into Nagpur from Amraoti in June ; into Wardha from Ellichpur ; into Bilaspur from Puri in April.

Considered as a whole, the local epidemics, although apparently in many instances the first sufferer had recently come from an infected locality, occurred in places where there were exceedingly bad water-supplies. Straggling attacks sometimes followed the introduction of cases of the disease, but the real epidemic prevalence of disease followed after a considerable interval of time.

Cholera in Berar.

120. There were 3,452 deaths registered as due to cholera in 1894, against 1,188 in the previous year, and the death-rate was 1·2 per mille, against ·4 in the previous year, and 1·6, the mean of the previous quinquennium. In January there were only 7 deaths recorded in the province, 5 in Buldana, and 1 each in Basim and Akola ; in February there were 13, all in Akola ; in the following month there were 50 in Akola and 4 in Buldana, and in April 141, all in Buldana. In May the disease appeared epidemically in Amraoti and Ellichpur, and there were 37 deaths in Akola and 115 in Buldana. In June, every district but Wun was affected, and in July every district but Ellichpur. In August, when the disease in the province as a whole was at its maximum, and in September, every district was affected. In October there was no death in Akola, and in November, Ellichpur, Akola and Buldana were similarly exempt. In December there were 158 deaths recorded,

all in Wun. In the town circles the average death-rate was 2·4 per thousand, and in the rural circles 1·0.

Cholera in Madras.

121. The number of deaths recorded as due to cholera in the Madras Presidency in 1894 was 42,289, and the death-rate from this cause was 1·3 per mille, against 1·0 in the previous year, and 1·9 the mean of the previous quinquennium. Although no district escaped the disease, the death-rates in the majority were comparatively small. Except in the Nilgiris, where the death-rates of 1894 and of the quinquennium were identical, and in Madura (3·5), Tinnevelly (3·7) and Tanjore (4·5), where the highest death-rates were recorded, the district rates were all lower than the corresponding quinquennial means. The largest numbers of deaths were recorded in January (19,030), February (8,222), March (3,188) and December (3,093), due in each case to the heavy mortality in the southern districts. The least mortality was recorded in July (648) and October (468). The mean death-rate in the rural circles was 1·2 per mille, as against 2·1 in the towns. In thirteen towns, including Cuddapah, Berhampore, Mangalore, Vizagapatam and Vizianagram, no death from cholera was recorded, while in five, Tinnevelly (10), Ambur (10·6), Cochin (13·5), Aruppukottai (14·9) and Tenkasi (23·9), the rates were 10 per mille or over. In the other towns the rates ranged from 7·8 in Periyakulam, to ·03 respectively in Bellary and Nellore. Concerning the prevention of the disease, the Sanitary Commissioner writes:—

> "In the absence of any definite idea as to the medium of spread, it follows that efforts may not always be made in the correct direction. Nevertheless, the importance of prevention of specific contamination of water is recognized, not only by all medical and sanitary authorities in the country, but also very largely by the people. The necessity for using water that has been boiled during cholera prevalence, has certainly been impressed on the people by all authorities dealing with epidemics for over twenty years past, and the use of this precautionary measure is spreading among the people. . . . . One can only hope that as time advances, an improved financial state of the country may render it possible to have, not only within each municipal town, but in all important villages, in charge of defined areas in rural tracts, well-trained Sanitary Inspectors capable of giving first sanitary aid to the people."

Cholera in Coorg.

122. In Coorg there were eight cases of cholera, 4 in the Mercara Taluk and 4 in Yedenalknad; the death-rate from this cause was ·04 per 1,000, against ·05 in 1893, and a mean of ·10 in the previous five years. Three villages were attacked, and all the deaths occurred in January.

Cholera in Bombay.

123. There were 33,588 deaths registered as due to cholera in Bombay in 1894, and the death-rate was 1·78 per mille, against 1·00 in the previous year, and 1·28, the mean of the previous quinquennium. The most remarkable feature in the cholera history of the year, was the complete immunity enjoyed by the populations of the collectorates in Sind. In all the other collectorates, deaths from cholera were registered during the year, the death-rates varying from 6·46 per mille in Kolaba, to ·06 in Ahmedabad. In the month of January, there were 150 deaths registered in the Presidency, all, except one in Kaira, being recorded in the Western Registration District: in February the number of recorded deaths fell to 62, all, except one in Poona, being in the same Registration District: in March the deaths were confined to this district and numbered 506: in the following month four of the collectorates in the Central Registration District were attacked and

two each in the Southern and Gujarat Registration Districts. In May, the prevalence of the epidemic became general, and the largest total number of deaths, 11,088, was reached. There was then an irregular decrease, 6,993 deaths in June, 7,361 in July, 3,764 in August, 718 in September and 298, 277 and 92, respectively, in the last three months of the year. The average death-rate in the rural circles was 1·84, as compared with 1·38 in the towns. Besides the seven towns in Sind, in twenty-one others no case of cholera was reported, the rates varying in the remaining thirty-five from 19·14 in Wai, to ·16 in Borsad and ·09 in Belgaum Cantonment.

Cholera in Lower Burma.

124. In 1894, there were registered 7,428 deaths from cholera. This number, although it has been approximated in several years, has been exceeded only twice since 1872,—in 1873, when 8,109 deaths were recorded, and in 1888, when the number was 15,982. The death-rate was 1·64 per mille, against ·53 in 1893, and ·72, the mean of the previous five years. Only one district, Toungoo, escaped the disease, but the mortality was comparatively slight in the districts of the Pegu and Irrawaddy Divisions, except in Thongwa (1·42) and Myaungmya (1·12). In the district of Amherst, in Tenasserim, the death-rate was 1·39 per mille, and in the sparsely populated district of Mergui, in the same division, a total of 762 deaths yielded a death-rate of 10·33. In the Arakan Division, where more than half the total deaths were recorded, the district rates were, in Kyaukpyu 12·65, in Akyab 4·28 and in Sandoway 2·93. The average death-rate in rural circles was 1·53, against 2·42 in the towns. The death rates in the chief seaports were, in Rangoon ·33 per mille, in Moulmein 3·44, in Bassein 1·16 and in Akyab 14·39. The months of maximal prevalence were July (1,450), August (1,059) and September (749); and of minimal prevalence, January (231), March (346) and December (348).

Summary of cholera reports.

125. The following paragraphs give details regarding the occurrence of cholera among European and Native troops and among prisoners.

Details regarding first cases attacked.

126. Among European troops, there were 218 seizures and 153 deaths, a mortality of 70·18 per cent. Cholera occurred in seventeen stations, but in nine instances there was only one case, in three only two cases, and in two three.

In one case the man attacked had eaten largely of unripe fruit, and in another the sufferer had eaten tinned meat the night before he was attacked. Both were single cases and recovered. The latter was believed by the medical officer in attendance to be a case of ptomaine poisoning. Three bandsmen of the Duke of Cornwall's Light Infantry were attacked in camp at Muzaffarnagar, and all died. They had been eating tinned fish, and fish obtained from the bazar, shortly before being attacked. No one else in the regiment (868 strong) was attacked, but diarrhœa was prevalent at the time, and many men who had partaken of the same food were not attacked. In one first case, there was a history of drinking, and in another, of exposure to fatigue and subsequent chill.

In four first cases there was premonitory diarrhœa for twelve hours or more. At Cawnpore, and in the camp of the East Lancashire Regiment at Kokrail, the presence of great numbers of flies was noted.

Among Native troops, including followers, there were 134 attacks and 76 deaths, mortality 56·72 per cent. The disease occurred among twenty-two bodies of men; in three instances there was only one case, and in seven only two. In one first case, the man thought his illness had been induced by drinking mango-juice, and in another, the man had eaten mangoes in excess. In a single fatal case at Kohat, the victim had eaten largely of unripe fruit; and in a single fatal case at Ellichpur, great exposure to fatigue preceded the attack. In only one first case was the occurrence of premonitory diarrhœa noted.

There were 287 prisoners attacked, of whom 184, or 64·11 per cent., died. The disease appeared in 38 jails, in a few, on more than one occasion. In sixteen instances there was only 1 case, in six 2 and in five 3. In one single case, when there was no cholera in the neighbourhood, a man was attacked after eating largely of raw rice, and died next day. In one first case the prisoner had eaten largely of jack-fruit. Unusual exposure to fatigue preceded the seizure in two first cases.

There is no record of premonitory diarrhœa beyond a few hours in any first case except at Baraset. The presence of swarms of flies was noted in the Gaya jail during the outbreak there.

Prevalence of diarrhœa at the time of the occurrence of cholera.

127. Diarrhœa was prevalent among European troops during the occurrence of cholera in six stations, including Dinapore and Cawnpore, but not including Allahabad and Lucknow, although there was much diarrhœa among the troops moved into camp in the latter station. Among Native troops, diarrhœa does not seem to have been unusually prevalent during the occurrence of any outbreak. Among prisoners, except in the jails at Gaya, Darbhanga, Banda and Mandalay, diarrhœa was not prevalent.

Proportion of buildings which furnished cases.

128. The following statement shows, approximately, the number of buildings occupied by bodies of men attacked, and the numbers which furnished cases:—

	Number of buildings occupied by bodies of men attacked.	Number of buildings which furnished cases.	Percentage.
European troops	242	60	24·8
Native ,, ...	4,722	63	1·3
Jails	597	108	18·1

State of the weather during outbreaks.

129. The disease appeared at different stations under very various conditions of weather.

Communication with cholera elsewhere.

130. Among European troops importation is reported in four instances. In two at Dinapore, it was "not distinctly traced,"—there was cholera in the vicinity. At Lucknow, the disease is said to have been imported into the East Lancashire Regiment, from the civil lines, by the wife of a corporal, who had spent the 18th July in the civil lines, where the disease was rife, with her mother and brother, both of whom died that night; at Allahabad Fort the one man attacked is supposed to have contracted the disease in the *bazar*.

Among Native troops, the disease is said to have been imported in four instances, but in three, at least, cholera was in the vicinity, and in the fourth the importer alone suffered.

One prisoner was admitted into the Presidency jail, and two into the jail at Darbhanga, suffering from cholera; in neither jail was there any other case.

One prisoner was attacked shortly after admission into the jail at Rangoon, and another after admission to the jail at Maubin, but the disease did not spread in either jail. At Alipore, Daltonganj, Puri, Fatehgarh district jail and at Akyab in both outbreaks, the first sufferers seem to have contracted the disease outside, although in none of these jails could any relationship with subsequent cases be established.

Attendants attacked with the disease.

131. The following statement shows the number and percentage attacked of those actually in attendance on persons suffering from cholera :—

COMMUNITIES.	Number of cases of cholera treated.	MEDICAL OFFICERS, HOSPITAL ASSISTANTS AND OTHER ATTENDANTS ON CHOLERA CASES.		Percentage of attendants attacked.
		Number.	Number of these attacked.	
European troops	218	311	4	1·29
Native "	134	284	5	1·76
Jails	287	349	9	2·58
TOTAL	639	944	18	1·91

Sanitary defects in connection with cholera epidemics.

132. The following sanitary defects were reported in connection with outbreaks of cholera. At Dum Dum and Cawnpore the drainage was bad. The conservancy of Dinapore *bazar* was very bad. At Lucknow the water-supply was blamed, while the dairy arrangements are reported to have been unsatisfactory. At Allahabad Fort and at Meiktila, the water-supplies were bad.

The water used by the 3rd Bengal Infantry at Cawnpore was bad, while the supply of the 10th Bombay Light Infantry at Satara was scanty. The drainage of the lines of No. 2 Field Battery at Bolarum was ineffective. At Kohat, the drainage is bad, and, owing to overcrowding, ventilation is deficient.

In the jail at Monghyr, there was overcrowding at the time of the first outbreak; at Darbhanga, the river, whence drinking-water, for the inmates of the jail is derived, was low. At Unao, in the well water, vibrios were found by Mr. Hankin. At Mandalay, where, prior to movement, there were twelve cases, the water, although filtered and boiled, was chemically impure.

Effects of movement.

133. In ten instances European troops were moved into camp, and in all but two, the effect of movement was excellent ; in one of these, the first move was into tents in cantonments ; this failed, but the subsequent move to a distance was successful; in the other case, that of the East Lancashire regiment at Lucknow, the effects of the movement were apparently disastrous, and it is necessary to examine into the circumstances which led to the failure of an expedient which, when properly carried out, has rarely failed to check an epidemic.

The epidemic in the East Lancashire regiment was by far the most serious which has occurred in recent years : it came as a surprise, as it was believed that the elaborate sanitary precautions against cholera, and the prompt measures taken on its appearance, afforded immunity to troops from the terrible outbreaks of past times. In order to investigate into the cause of the epidemic at Lucknow, a committee was appointed, consisting of the Principal Medical Officer, Oudh and Rohilkhand District (Surgeon-Colonel Martin, M.D.), the Sanitary Commissioner, North-Western Provinces and Oudh (Brigade-Surgeon-Lieutenant-

Colonel G. Hutcheson, M.D.), and the Chemical Examiner and Bacteriologist to the North-Western Provinces and Oudh and the Central Provinces (Mr. E. H. Hankin, M.A.). It is from the report of this Committee and the 'Cholera Register,' that the following short summary of events has been compiled.

Cholera was present in the district and city of Lucknow from February, but the disease temporarily ceased in the city from the 29th of June till about the 15th of July, when it again appeared. On the 21st of July cases of the disease and deaths increased rapidly, and it was epidemic in all the *thana* areas from that date until the 8th of August, when a rapid decline in the number of cases and in the mortality took place.

The first case among European troops was that of the wife of a corporal of the East Lancashire Regiment, who had spent the afternoon of the 18th July in the civil lines nursing her mother and brother, who were suffering from attacks of cholera, of which they both died. She returned to her quarters, was attacked during the night of the 18th-19th, and was removed to hospital the following forenoon. There was no connection between her case and the next which was that of a weakly man of the East Lancashire Regiment who had recently returned from Kasauli, where there had been no case of cholera. He was attacked in the early morning of the 25th July. Later in that day, another man of the same regiment and a man belonging to the 2nd Field Battery, Royal Artillery, were attacked; both had been suffering from diarrhœa. On the 26th, three men of the East Lancashire Regiment were seized; on the 27th, three more and on the 28th, four.

On the 28th, 370 non-commissioned officers and men of the East Lancashire Regiment were moved out into a preparatory camp, situated at the south-east corner of the Brigade parade-ground.

On the 29th, three men of the regiment, who had remained in barracks, were attacked, including a private of E Company, the only man of that company, except one sick in hospital, attacked throughout the course of the epidemic.

On the same day, 29th July, one case occurred in the preparatory camp, after which there was a lull until 5 P.M. on the 30th. Between this hour and 8 A. M. on the 31st, fifteen men were attacked. On the 31st, the regiment, 359 non-commissioned officers and men, were moved to No. 5 Sanitary camp, on the Fyzabad road, near the Kokrail bridge.

On the 31st, two men were attacked at Kokrail, on the 1st August six, on the 2nd sixteen, on the 3rd fifty-five, on the 4th seven, on the 5th five, on the 6th four, on the 7th two and on the 8th two; after which no one was seized.

Meanwhile in Lucknow Cantonment, where were the 16th (Queen's) Lancers, "K" Battery, Royal Horse Artillery, No. 2 Field Battery, the 2nd Battalion of the Royal Irish, details of the East Lancashire Regiment, etc., there had been nine persons belonging to the East Lancashire Regiment (including a sergeant's wife), one man of the Horse Artillery, and one of the Field Battery, attacked. Of these, six were in hospital. Subsequently, four persons belonging to the Royal Horse Artillery (including the wife of a sergeant), were attacked on the 11th, 12th, 15th and 20th of August.

Among the followers of the various corps that suffered, eight attached to the 16th Lancers were seized between the 9th and 22nd August, and other seven, attached respectively to the Royal Horse Artillery (one), Royal Irish (one), East Lancashire (three) and Station Hospital and Military Prison (two) were attacked.

At the preparatory camp, every arrangement was made for the comfort of the men, but the heavy rain, which fell on the 29th and 30th of July, swamped the camp, drenched the clothing of the men, and rendered it impossible for them to dry their clothes. Diarrhœa was very prevalent. The general discomfort was even greater at Kokrail, the heavy rain which fell continuously from the 2nd to the 5th converted the camping-ground into a lake, and, with the desertion of the temporary hospital servants, helped to render the misery of the situation indescribable.

The water used for drinking at the preparatory camp was derived from the newly-opened municipal works, and was taken to the camp in buckets on the 28th July, subsequently in a cart. Macnamara filters were taken from barracks and used. Water for washing was obtained from a neighbouring well. Specimens of the municipal water, and of water from all the sources in the neighbourhood of the camp, likely to be taken by the *bhistis* for the use of the men, were examined by Mr. Hankin, but no vibrio was found in them.

At Kokrail, until the 4th August, water was derived from a well, the water of which is believed by the Committee to have been of good quality. On the 4th of August, Surgeon-Captain Thomson caused this well to be closed, and water was obtained from Lucknow. On the 27th of August this well was again opened and a maund of lime thrown into it. "Some time after the outbreak a vibrio indistinguishable from that of cholera was discovered in its water. It is, however, probable that it arrived there during or after the encampment, for the servants who accompanied the men to camp drank of its water, and, so far as is known, not one of them was attacked by the disease" (Committee's Report, paragraph 116). The facts regarding this well are of supreme importance, for, unless the possibility of its contamination by cholera excreta is excluded, it is difficult to accept the theory of the epidemic at Kokrail adopted by the Committee.

The Macnamara filters were taken to Kokrail and used there. It is doubtful to what extent water used for drinking purposes was boiled, but aerated waters were largely drunk, and, at the time when orders were issued forbidding the drinking of water except it had been boiled and filtered, the sergeants stated that the men were hardly drinking water at all.

It is here necessary to say a few words about the Macnamara filters which were in use. For the last twenty years, the expediency of using domestic filters to purify a good water-supply has been in question,* and it is only comparatively recently that filters capable of effectually removing bacteria from water have been devised, and even these have been found to act efficiently for short periods only. It was shown by Freudenreich† that germs grow through the Pasteur Chamberland filter in about eight days, while Nordtmeyer‡ has shown that bacteria grow through the Berkefeld filter. Nordtmeyer, however, stated that there is no reason to suppose that pathogenic organisms will grow through the Berkefeld filter, although he did not give good reasons for this belief. But not only do saprophytes grow through filtering media, but, as shown by V. and A. Babes,§ in certain filters the media furnish a nidus in which microbes may breed. Animal charcoal enters largely into the composition of the filtering media of the Macnamara filter, and animal charcoal, as pointed out long ago by the Rivers Pollution Commissioners, possesses, in a high degree, the property of favouring the growth of low forms of organised life.* When Mr. Hankin examined the Macnamara filter, he found that it not only allowed Koch's vibrios to pass through, but the vibrios remained in the media and multiplied there. Macnamara filters were therefore objects of suspicion to the Committee.

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* *Vide* footnote on page 35 of Parkes' Hygiene, 5th edition.

† *Centralblatt für Bakteriologie und Parasitenkunde*, page 240, Vol. XII, 1892.

‡ *Zeitschrift für Hygiene*, page 145, Vol. X, 1891.

§ *Centralblatt für Bakteriologie und Parasitenkunde*, page 132, Vol. XII, 1892.

When they came to examine into the circumstances of the epidemic, they found that all the corps in garrison had practically escaped cholera, except the East Lancashire Regiment. They found that all corps derived their drinking-water from filter-tank wells. The men of the 16th (Queen's) Lancers used boiled water for drinking. The water-supply of the Royal Irish and the Artillery was obtained from tanks in all respects similar to those whence the East Lancashire Regiment derived their supply ; but it was found that on the 14th and 21st July, the filter-tanks used by the East Lancashire had been cleaned, and there was some reason to suspect the previous contamination of the materials used to renew the filter-beds, and grave reason to suspect that the coolies who handled these materials might have contaminated them. One filter-well was reopened after cleaning on the 14th July, but a coolie from an infected locality had gone down into the well to oil the pump on the 19th. The other well was reopened on the 22nd of July, the day after it was cleaned. Subsequently, on the 16th August, Mr. Hankin found vibrios in the water issuing from the filter-tanks, but not in the water in the wells. The Committee believed that the filtering media contaminated the water. They noted the immunity of E Company, and it was found that the men had been supplied by Colour-Sergeant Millet with weak tea, which they had been drinking, and thus avoided the use of water from the Macnamara filter. This led to the Macnamara filters being definitely suspected.

The theory of the Committee is that the filter-tanks were infected, and the water from them infected the Macnamara filters, which served as foci of the disease in the preparatory camp and at Kokrail. The subsequent outbreak in the hospital was due to a separate infection.

In spite of the ingenuity with which the Committee support their thesis that the Macnamara filters were to blame for the outbreaks at the preparatory camp and at Kokrail, certain facts which tell against this theory are apparent in reading the narrative and examining the Appendices.

The cessation of the epidemic among the troops at Kokrail at the same time that cholera declined in the city is remarkable. The Committee point out that this coincidence is in accordance with the laws of probability ; cholera epidemics last about a fortnight, and, as the epidemics began together, they naturally ceased together. This is a legitimate argument no doubt, but it might be used against the microbial theory of cholera.

The immunity of E Company, because the men drank boiled water as tea, appeared to confirm the justice of the suspicion with which the Macnamara filters were regarded ; but in barracks and in the preparatory camp, G Company were equally immune, and it is not recorded that the men of that company drank boiled water. The strength of E Company was 107, one man was attacked in barracks on the 29th July, and the company remained in barracks. The strength of G Company was 109, and one man was attacked in barracks on the 28th. It is not explained why G Company was sent to the preparatory camp and Kokrail, while E Company remained behind, but G Company furnished no other case until the men reached Kokrail.

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* Parkes' Hygiene, 5th edition, page 35, footnote.

It is not shown how the well at Kokrail escaped contamination with cholera excreta. In the conditions that obtained at the camp no well was ever more likely to be contaminated. Whence was the vibrio found by Mr. Hankin in the well-water derived, and when was it introduced?

Vibrios were not found in the water issuing from the filter-tanks until the 16th of August, so that the water was not suspected till then, but it was used until the 20th August by those left behind in barracks without ill effect.

If the view of the Committee is accepted as explaining the outbreak, the failure of the movement is explained by neglect of the regulations. If the water had been boiled as laid down in rule 37, water, either from the well or from the Macnamara filters, would have been sterilized. If the other conditions of same rule had been observed, the Macnamara filters would never have been used in camp at all, but would have been left behind, and new camp-filters would have been taken into the camp; while, if the spirit of rule 2 had been observed, there would have been no tampering with the filter-beds when cholera was in the neighbourhood, and, according to the Committee's theory, there would have been no serious epidemic at all!

The cholera rules were reprinted from section III of the Report of the Cholera Commission of 1861, and have been slightly modified from time to time. They are intended to prevent cholera by taking every possible measure of precaution; precautions not dependent on any one theory of cholera causation, but on all possible theories.

Native troops were moved in eight instances; in all except one the moves were immediately successful. In that case there were six seizures after the movement, of which five were within twenty-four hours.

Bodies of prisoners were moved in six instances. At Gaya eight, at Fatehgarh seventeen, and at Mandalay seventeen cases occurred after the movement.

At Gaya, after twenty cases had occurred, 325 prisoners were moved out into camp, on the 25th July, and 87 were left behind in the jail. Sixteen seizures subsequently took place, eight in the camp and eight in the jail. The weather in camp was most unfavourable owing to heavy rain, and the first site was not a good one. Of the cases in camp, three occurred on the 26th, two on the 27th and one each on the 28th and 31st July and 1st August. The percentage of those in camp attacked was 2·4, and of those remaining behind 9·1.

At Fatehgarh, the camp does not seem to have been far removed from the jail; the movement was not successful in stopping cholera at once, but no reason is assigned. The occurrence of cases in camp seems to have been confined to one body of men who were moved from the hospital in the jail.

In the Mandalay jail, the first case occurred on the 17th July; there was no other case until the 17th August, from which date until the 7th October, 28 prisoners were attacked and 18 died.

After the occurrence of 12 cases, 350 prisoners were, on the 4th September, moved into two flats in the mid-stream of the Irrawaddy. After their removal, two cases occurred in the jail, on the 5th and 10th September. On the flats anchored in the river, a policeman was seized with cholera on the 19th September, and two prisoners on the 21st. After the occurrence of 14 cases, (excluding that of the policeman), of which 10 were among the occupants of one flat, the prisoners were moved, on the 4th October, into sheds newly built on an island in the river. Here there were two attacks, on the 5th and 7th October.

In the Mandalay jail "for drinking purposes, generally, boiled water was made use of," but after the occurrence of the first case of cholera, from the 18th July, particular attention was given to this matter, and strict watch was kept to see that nothing but boiled water was used. The flats were anchored in mid-stream and "river water, well boiled, was made use of." On the island "also river water, well boiled, was made use of." There is no doubt whatever about the fact that the drinking-water was efficiently boiled, although it is not asserted that everything swallowed by every prisoner was exposed to the temperature of boiling water.

Smallpox.

Small-pox in India in 1894.

134. It is satisfactory to note that the number of deaths from smallpox in 1894 is the lowest on record; there were 44,060 deaths registered, the next lowest figure having been 51,097 recorded in 1886.

As compared with 1893, when the total number of deaths was 68,894, there was a decrease in the numbers of deaths recorded in all the provinces, except Assam, the Punjab, Berar and Ajmere-Merwara.

The following statement shows the monthly distribution of deaths :—

Statement showing the deaths from SMALLPOX *registered in the different Provinces, by Months, during the year 1894.*

PROVINCE.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.		RATIO OF DEATHS PER 1,000 OF POPULATION.	
													1894.	1893.	1894.	1893.
Bengal . . .	812	822	1,009	1,323	1,178	814	668	479	353	296	228	422	8,404	14,531	·11	·20
Assam . . .	480	421	478	715	568	455	304	132	148	114	87	95	3,997	2,643	0·80	0·53
North-Western Provinces and Oudh .	312	256	371	716	1,022	769	459	266	98	56	51	67	4,443	5,992	·09	·13
Punjab . . .	503	323	412	660	1,106	954	480	314	266	257	352	441	6,068	4,085	0·30	0·20
Central Provinces .	73	66	190	195	220	222	140	100	68	47	65	114	1,500	1,602	0·16	0·17
Berar . . .	86	105	167	219	175	101	79	52	21	8	22	26	1,061	174	·3	·06
Lower Burma .	151	174	205	235	305	206	178	86	53	45	51	48	1,737	3,081	·38	·68
Madras Presidency	1,561	1,708	1,876	1,278	951	626	620	593	509	488	446	551	11,207	27,289	0·3	0·8
Bombay Presidency	263	385	556	614	516	275	169	91	48	40	61	137	3,155	3,567	0·17	·19
Ajmere-Merwara .	40	57	131	83	71	34	6	12	1	...	...	2	437	75	·81	·14
Coorg . . .	1	...	1	6	1	12	3	10	...	1	2	...	37	214	0·21	1·24
Mysore . . .	246	202	214	181	192	157	188	183	85	116	116	134	2,014	5,641	·42	1·16
TOTAL .	4,528	4,519	5,610	6,225	6,305	4,625	3,294	2,318	1,650	1,468	1,481	2,037	44,060	68,894	...	...

Smallpox in Bengal.

135. The number of deaths from smallpox reported in Bengal was 8,404, or ·11 per thousand of the population, as compared with ·20 in 1893. The death-rate from this cause is the lowest on record in Bengal, and this satisfactory state of affairs is ascribed by the provincial Sanitary Commissioner to the efforts which have been made to increase the numbers of persons vaccinated, to stamp out local outbreaks at once, and to prevent the practice of inoculation. Inoculation is, however, still carried on surreptitiously, particularly among the wild half-savage peoples of the Chittagong, Orissa and Chota-Nagpore Divisions. In some places inoculation is favoured, not on account of any objection to vaccination, but because the latter precaution is believed to be a useless substitute for the former. On the whole, however, the opposition to vaccination is much less strong than it used to be.

The urban mortality was ·18, or ·7 per mille greater than the mortality in rural areas. In only two towns and nine rural areas was the mortality in excess of 1 per mille. The mortality among infants and children under twelve years was 67·25 per cent. of the total, among children between one and six years 29·72 per cent. and among infants under one year 19·53 per cent.

There was no death from smallpox among the European seamen in the port of Calcutta, and only one among the native floating population.

Smallpox in Assam.

136. The number of deaths from smallpox in Assam rose from 2,643, with a death-rate of ·53 per mille, in 1893, to 3,997, with a death-rate of ·80, in 1894. The disease was very prevalent in Goalpara in 1893, but it was still more fatal in 1894, when was the cause of 2,762 deaths. These deaths occurred chiefly in Bijni-Sidli and the Eastern Duars, where the people persistently refuse vaccination. No death from smallpox was recorded in the Nowgong district, and the numbers registered in Cachar and Sibsagar were, respectively, six and seven. In the head-quarter towns, in which no death from smallpox occurred in 1893, seventeen deaths were reported, eleven in Dhubri, two each in Gauhati and Dibrugarh, and one each in Sylhet and Sibsagar. Among children under twelve years of age, there were 2,051 deaths, or 51·32 per cent. of the total deaths, and among infants under one year, 610, or 15·26 per cent.

Smallpox in the North-Western Provinces and Oudh.

137. The death-rate from smallpox in the North-Western Provinces and Oudh, which fell from the lowest that had been recorded, ·16 per mille in 1892, to ·13 in 1893, still further declined to ·09 in 1894. No death from the disease occurred in Almora, and only one in Dehra Dun; in the other districts the death-rates ranged from ·01 per thousand in eight districts, to ·48 in Pilibhit and ·86 in Kheri, where also the highest district death-rate from this cause was recorded in 1893. In 49 of the hundred larger towns, with populations over 10,000, no fatal case of smallpox was reported, and among the large Municipalities, only 15 deaths were recorded in Lucknow and 20 in Benares. The average urban death-rate was ·06, as compared with the rural rate ·10. Among children under twelve years of age, 2,797 deaths occurred, or 62·95 per cent. of the total, and among infants under one year of age, 1,442, or 32·46 per cent.

Smallpox in the Punjab.

138. In the Punjab, the number of deaths from smallpox was 6,068, against 4,085 in 1893, and 11,173 in 1892. The death-rate was ·30 per thousand of the population, as compared with ·20 in the previous year. The highest district death-rates were 1·34, 1·23 and 1·06, recorded respectively in Umballa, Karnal, and Dera Ismail Khan, while in the district of Dera Ghazi Khan there were only five deaths, and in Simla and Kangra, one each. The urban death-rate was ·65, as against ·27 in the rural areas. There were 4,182 deaths among children under twelve, and 1,480 among infants under one year of age, equal, respectively, to 68·92 and 24·39 per cent. of the total mortality.

Smallpox in the Central Provinces.

139. The number of deaths from smallpox was 1,500, or 102 less than in 1893, and the death-rate ·16 per mille, the lowest except two, ·08 in 1891 and ·10 in 1892, recorded in the last twenty-one years. The highest death-rate was ·68 per thousand recorded in Damoh, while in Nimar there were only five deaths, in Chhindwara and in Bhandara only three, in Burhampur two and in Murwara one. Among children under twelve years there were 585 deaths, or 39 per cent. of the total, and among infants under one year of age, 519, or 34·60 per cent.

Smallpox in Berar.

140. The fact that the greatest monthly mortality from smallpox in Berar in 1893 was recorded in December, indicated the commencement of an epidemic, and the disease was epidemic in Berar in 1894, although the mortality was not high. There were

1,061 deaths, and the death-rate was ·3 per thousand, against ·05 in 1893, and ·2, the quinquennial mean. The mortality was highest in Buldana (·8) and in Basim (·6). The disease as usual reached its maximal prevalence in April and May, declined with the approach of the rainy reason, and mortality began to rise again slightly in November and December. Of the total deaths, 982, or 92·6 per cent. occurred among children under twelve years of age, and of these 374, or 35·3 per cent. of the total, were infants under one year of age.

Smallpox in Madras.

141. The number of deaths recorded as due to smallpox in Madras, in 1894, was 11,207, against 27,289 in the previous year. The death-rate from this cause was ·3 per thousand of the population, against ·8 in 1893, and 1·0, the quinquennial mean. As is usually the case, the greatest mortality was registered in Malabar, where the death-rate was 1·3 per mille. A careful examination into the prevalence of this disease in Malabar led to the discovery that there, owing to the houses of the population being much scattered, and the difficulty in obtaining children for vaccination being consequently enhanced, a comparatively small proportion of the children are vaccinated, and that there is a good deal of falsification of the registers, which, for the same reason, it is difficult to discover. To remedy this, the District Board have provided in their budget for 1895-96, for the payment of a larger number of vaccinators.

In municipal areas, notwithstanding the greater density of the population, the average death-rate was ·2 per mille, or ·1 per mille less than in the rural areas.

Regarding vaccination in the presidency generally, Dr. King writes :—

> "There is happily in the Madras Presidency practically no opposition to vaccination from religious motives, although much apathy and unwillingness to submit children to the operation as such, have to be contended against. During my inspection tours, I find it is usually not a difficult matter to meet any arguments that may be brought to bear on the subject of the uselessness of vaccination, by exhibiting to the people groups of children 'protected' and 'unprotected,' taken haphazard on the streets. The contrast of the faces of adults with those of the rising generation, is an object lesson that the most obstinate anti-vaccinator cannot gainsay."

The number of children under twelve who died was 3,072, or 27·41 per cent. of the total mortality, while the number of infants under one year of age who died was 1,432, or 12·78 per cent.

Smallpox in Coorg.

142. The number of smallpox deaths registered in Coorg was 37, compared with 214 in 1893 and 913 in 1892. The death-rate was ·21 per mille in 1894, as compared with 1·24 in the previous year, and 1·93, the quinquennial mean. Eleven of the deaths occurred among children under twelve, and three among infants under one year of age.

Smallpox in Bombay.

143. There were 3,155 deaths from smallpox recorded in 1894, against 3,567 in the previous year. The death-rate from this cause was ·17 per mille, against ·19 in 1893, and ·20, the mean of the previous five years. The greatest mortality, ·40 per mille, was recorded in the Collectorates of the Western Registration District, and the least, ·01, in Sind, where in Karachi only one death was reported, and in Hyderabad and Thar and Parkar, none at all.

The number of children under twelve years of age who died was 1,551, or 49·16 per cent. of the total deaths, and the number of infants under one year of age who died, was 873, or 27·67 per cent.

Smallpox in Burma.

144. In Lower Burma 1,737 deaths were registered as due to smallpox, as compared with 3,081 in 1893. The death-rate from this cause was ·38, against ·68 in the previous year, and ·61, the mean of the previous quinquennium. The ratios of deaths per thousand of the population were highest in Thongwa, 1·26, and Tharrawaddy, 1·08, while in Kyaukpyu, Prome, Tavoy, Mergui and Toungoo no death was registered, and in Akyab, where an epidemic causing 1,530 deaths raged in 1893, there were only 4 deaths registered in 1894.

Among children under twelve years of age there were 950 deaths, equal to 54·69 per cent. of the total, and among infants of less than one year 268, equal to 15·43 per cent.

Fevers.

145. Investigations into the micropathology of malarial fever have been carried on in many various parts of India, especially by Drs. Ronald Ross in Madras, Murray in the Punjab, and Maynard in Calcutta.

The results achieved are interesting, and some of them may be important. It would, however, be out of place, in a report compiled mainly for administrative purposes, to discuss the results of scientific work before these are published. If the results of the investigations are of importance they will be published in a volume of the "Scientific Memoirs."

Much interest has been excited by the hypothesis advanced by Dr. Manson* to the effect that the parasites of malaria pass the first stages of extracorporeal life in the bodies of suctorial insects. Dr. Ross has been working at this subject, and, so far, his results appear to confirm the truth of Dr. Manson's suggestion.

Sale of Quinine at Post Offices.

146. In the report for 1892, mention was made of the introduction in Bengal of a scheme for the sale, at the post offices, of five-grain powders of quinine at a low price. So far the scheme has been successful, and an effective demand for cheap quinine has been established among the masses of the people ; this demand varies from month to month in general correspondence with the conditions tending to produce fever, and there seems to be good reason to believe that it will increase if carefully stimulated. The sale has now been extended to all post offices except those in the Presidency town, and it has been ascertained that nearly two millions of packets have been sold during 1895. Meanwhile, in the other provinces, similar arrangements for encouraging the purchase of quinine among the poor have been made. In Madras, powders are sold at two pies each at all sub and branch post offices, except a few in the districts of Cuddapah, Ganjam, Kurnool, Malabar and Vizagapatam. In Bombay, sanction for the introduction of a similar scheme was accorded in October 1894. In the same month, the Government of the Punjab was authorized to introduce the sale of quinine, on the same plan as that adopted in Bengal, into the plains districts of the Delhi Division, as an experimental measure. In the Central Provinces, the sale of quinine was carried on in nine districts and is being extended. In Berar, sanction for the introduction of the scheme was accorded in February 1894 In Baluchistan, its introduction has also been sanctioned. In Assam and Burma, it has recently been introduced.

Fevers in India in 1894.

147. The number of deaths recorded as due to fever in 1894, was 5,001,159. This is the highest number yet registered, the next highest was 4,621,583 in 1892; in the intervening

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* *British Medical Journal*, December 8th, 1894.

year the number was 3,771,685. In all provinces, except Lower Burma and Mysore, the fever death-rates were higher in 1894 than in the previous year, but the increase was especially marked in the North-Western Provinces and Oudh, where the rates were, respectively, 31·88 and 18·84.

When reference is made to fever in India, malarial fever is generally implied, but in the registration returns, most diseases attended with a rise of temperature, and many others, are included under this heading. So long as the recording agency is illiterate, this is inevitable, and if greater differentiation were required confusion rather than the collection of more precise information would ensue. It is not possible to say to what degree malaria influences the result of other illnesses, but a glance at the mortuary tables will show that many diseases besides those of malarial origin must be included under the term 'fever.' The total number of deaths recorded among the populations of India, under registration, during the year was 7,317,995, deducting the number of fever deaths we have 2,316,836 deaths remaining, which would give a death rate of 10·6 per thousand of the total population. Malarial fever is, no doubt, theoretically, a preventible disease, but so, on the same terms, are all diseases save, generally, such as result from natural decay. The common expression, preventible disease, refers to diseases of which the causes are known and can be prevented. How far the deaths recorded in India as due to fever, may, under present conditions, be prevented, cannot be gauged with any approach to accuracy.

In the North-Western Provinces and Oudh, with a view to obtain information as to the accuracy of the returns, the causes of 14,660 deaths were investigated by private medical practitioners in various districts. The following table shows the results obtained by them, compared with the results as deduced from the returns of the province generally:—

	PERCENTAGE, TO THE TOTAL MORTALITY, OF DEATHS DUE TO				
	Fever.	Diseases of respiratory organs.	Diarrhœa and dysentry.	Cholera.	Other causes.
Verified cases	33	14	17	13	23
General tables	75	...	3	8	14

Even here the nature of the fevers is not defined. Similar statistics would, no doubt, vary in different parts of India; for instance, in the North-Western Provinces, at Partabgarh, the general tables show that only 20 per cent. of the deaths were ascribed to fever.

Statement showing the deaths from FEVERS *registered in the different Provinces, by Months, during the year 1894.*

PROVINCE.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.		RATIO OF DEATHS PER 1,000 OF POPULATION.	
													1894.	1893.	1894.	1893.
Bengal . . .	174,857	116,810	130,361	159,623	136,306	101,534	133,388	135,338	145,695	186,843	186,452	192,626	1,709,833	1,477,288	25·32	20·78
Assam . . .	6,497	4,664	5,003	6,125	6,973	8,039	7,845	7,056	7,654	7,777	8,652	8,807	85,102*	77,463	16·95	15·42
North-Western Provinces and Oudh .	87,279	74,677	87,890	111,336	132,326	113,124	97,945	132,617	148,204	177,593	178,235	154,146	1,495,372	883,601	31·88	18·84
Punjab . .	44,524	35,894	32,349	32,628	41,800	33,243	24,946	32,115	47,053	76,722	66,045	47,919	515,238	389,506	25·07	18·05
Central Provinces .	15,374	13,774	21,946	26,239	22,541	14,950	13,104	19,190	23,623	25,109	23,657	19,044	238,551	169,918	25·11	17·88
Berar . . .	4,762	4,169	9,955	8,699	6,144	2,830	2,929	5,130	6,167	5,652	6,035	4,598	67,070	45,548	23·6	16·0
Lower Burma . .	4,492	3,434	3,437	2,957	3,049	3,264	4,539	4,724	4,585	4,408	4,855	4,360	48,104	50,648	10·65	11·22
Madras Presidency .	26,771	20,618	20,459	21,493	23,450	21,025	21,216	21,703	21,845	22,555	23,853	25,467	270,456	258,415	8·0	7·7
Bombay Presidency.	36,471	35,785	41,297	37,381	34,736	29,010	34,021	38,073	35,355	34,470	39,704	32,791	429,094	361,160	22·80	19·19
Ajmere-Merwara .	1,898	1,693	1,529	1,303	1,082	618	654	1,003	962	863	1,144	1,106	13,855	9,961	25·54	18·37
Coorg . . .	282	297	240	284	332	385	349	283	300	243	256	257	3,508	3,379	20·27	19·52
Mysore . . .	3,512	2,936	2,932	2,741	3,035	2,528	2,957	2,692	2,641	2,946	3,049	3,107	34,976	44,798	7·22	9·25
TOTAL .	406,719	314,751	357,398	410,809	411,774	330,551	343,893	399,924	444,084	545,081	541,947	494,228	5,001,159	3,771,685	...	...

* Includes 13,164 deaths from *Kala Azar*.

148. The number of deaths registered, as due to fevers in Bengal in 1894, was 1,799,833, equal to a death-rate of 25·32 per thousand of the population, as compared with 20·78 in the previous year, and an average of 18·86 in the previous five years. The progressive increase in fever mortality is attributed by Dr. Gregg mainly to obstructed surface drainage, and a remedy suggested by him is the raising and draining of village sites. The increased mortality in the year under review is considered by him to be due to the excessive late rains. In all but nine of the 46 districts, the death-rates from fever were higher than in 1893, the increase being greatest in Monghyr (14·16 per mille), Gya (12·75), Shahabad (11·57), Hazaribagh (11·04) and Patna (10·42). The highest district rates were 38·23 per mille, registered in Shahabad, and 36·26, in Monghyr, the lowest 8·78, registered in Puri, and 13·09, 13·15 and 14·94 in Howrah, Calcutta and Balasore, respectively. The average rural death-rate was 25·63, against 19·19 in the towns, in which the lowest rates recorded were, 5·49 per mille in Jhalukati, 5·58 in Darjeeling and 6·66 in Nasirabad, while the highest were 42·12 in Malda, 46·85 in Dainhat and 51·46 in Jagadishpur.

Fevers in Bengal.

The heaviest mortality occurred in the months of December, October-November, January and April in the order given, and the least in June. The high mortality in the cold weather months is attributed in part to deterioration of the water-supply, but is mainly due to cold, and the vicissitudes in the diurnal range of temperature.

In the Port of Calcutta, 279 European sailors were, admitted to hospital suffering from fevers; there were three cases of enteric, two of which ended fatally, 50 of malarial and 226 of simple fever.

149. The total number of deaths ascribed to fevers, in Assam, was 85,102, as compared with 77,463 in 1893, and the death-rate was 16·95 per mille, against 15·42 in the previous year, and 15·75, the mean of the previous quinquennium. As usual, the death-rate from fever was lower in the Surma Valley (11·34 per mille) than in Brahmaputra Valley (22·98). The Sanitary Commissioner writes :—

Fevers in Assam.

> "In both valleys there is a considerable amount of swampage, and large tracts of country are liable to be flooded during the rainy season. In the Brahmaputra Valley, however, very large tracts of country are uncultivated, whereas in the Surma Valley the portions of the country that are not under cultivation are comparatively small. To this cause is probably due the comparative immunity of the Surma Valley from malarial fevers, and with the cutting down of jungle and the extension of the cultivated area, the mortality from this cause in the Brahmaputra Valley will doubtless diminish, though there may be a temporary increase when the jungle lands are broken up."

In all the districts, except Cachar and the Khasi and Jaintia Hills, the death-rates were higher than in the previous year, and in Goalpara, Darrang, Nowgong, Sibsagar and Lakhimpur the rates were in excess of the quinquennial mean. In Nowgong, the highest death-rate, 33·06 per mille, was registered.

Kala Azar is said to have been the cause of 13,164 deaths, equal to a death-rate of 5·60 per mille of the population, as against 4·36 in 1893. This disease seems to be disappearing gradually from the Goalpara and Kamrup districts, while it is increasing rapidly in Nowgong, and slowly in Darrang.

According to Dr. Stephen, *Kala Azar* resembles malarial fever, in its onset, in the nature of localities liable to attack, in the naked-eye pathological appearances, except so far as the liver is concerned, and in the liability to a fatal termination by diarrhœa or dysentery, and, in the cold weather, by pneumonia;

while it differs, in its geographical distribution in the fact that, while a few people in a village may suffer from *Kala Azar*, the rest may remain in good health, in the extreme enlargement of the liver in advanced cases, and in the absolute uselessness of quinine and arsenic in advanced cases.

Fevers in the North-Western Provinces and Oudh.

150. In the North-Western Provinces and Oudh, the deaths registered as due to fever reached the exceptionally high number, 1,495,372, or 611,771 more than in 1893. The death-rate was 31·88, as compared with 18·84 in the previous year, and 23·41, the mean of the previous five years. The increase in the death-rate from fever is ascribed by Dr. Hutcheson to unfavourable weather, and general conditions affecting the public health, there having been no indication that specific fevers of an epidemic or contagious type were more prevalent than usual. The greatest numbers of deaths were registered in October and November, and the mortality throughout the year corresponded in its rise and fall with the general death-rate.

Excluding Partabgarh, where the death-rate from fever was exceptionally low, the rates ranged from 45·24 per mille in Naini Tal, including the Tarai, to 20·04 in Jhansi, 20·0 in Dehra Dun and 18·86 in Garhwal. Exceptionally high death-rates, over 40 per mille, were recorded in the Kheri, Moradabad, Saharanpur and Bijnor Districts. In the larger towns, the death-rates varied between 54·32 in Farrukhabad-Fatehgarh, 47·28 in Cawnpore and 41·74 in Lucknow and 16·73 in Bareilly. The rate in Benares was 34·61.

Fevers in the Punjab.

151. The total number of deaths recorded as due to fever in the Punjab in 1894, was 515,238, against 389,506 in the previous year. The death-rate was 25·07 per thousand of the population, against 18·95 in 1893, and 26·00, the mean of the previous five years. In eleven districts, the death-rates were higher than the provincial average, including Jullundur 42·07, Gurdaspur 37·78, Hoshiarpur 35·60 and Umballa 35·54. The excessive mortality in these eleven districts is ascribed to water-logging of the soil. The lowest district death-rates were 12·90 per thousand in Jhang, 12·70 in Shahpur and 11·43 in Simla. The average rural death-rate was 25·20, against 23·33 in the towns. Among the latter, the highest rates were recorded in Batala 67·55, Kartarpur 62·73 and Tanda *cum* Urmar 45·56, while in Amritsar, Soneput, Kasur, Jullundur and Rahon, the rates ranged from 38·52 to 30·47 per mille. The lowest rates were 7·62 and 9·45, registered, respectively, in Ferozepore and Maghiana. Typhus was very prevalent in the Peshawar district in the early part of the year, especially in March, and from the 11th August it was prevalent in Plach and upper Kulu, descending later to lower Kulu, and the neighbouring state of Mandi.

Fevers in the Central Provinces.

152. The number of deaths attributed to fevers in the Central Provinces was 238,551, against 169,918 in 1893. The ratio of deaths, per thousand of the population, was 25·11, against 17·88 in 1893, and 20·50, the mean of the previous five years. Except in Sambalpur, where the mortality from fever was 9·48 per thousand, the fever death-rates were high, ranging from 41·59 in Nimar to 20·12 in Raipur. In every district the fever death-rates were in excess of the quinquennial mean, the excess being most marked in Wardha, Nimar, Betul, Hoshangabad, Chhindwara and Nagpur. In all these districts, except Chhindwara, the occurence of influenza between February and May was reported, and in Chhindwara, the number of deaths from fevers was very great during the time that influenza was present in the other

districts. Although, on account of the heavy rainfall, the deaths from malarial fevers were unusually numerous, there seems to be little doubt that, except in Raipur, Bilaspur and Sambalpur, the presence of influenza was largely responsible for the high death-rates. Not only were the death-rates from fever affected, but also the death-rates from dysentery and diarrhœa, and, as might be expected, from "other causes."

Fevers in Berar.

153. The number of deaths ascribed to fevers in Berar was 67,070, against 45,548 in 1893, and the death-rate was 23·6 per mille, as compared with 16 in the previous year, and 16·3, the mean of the previous five years. This high death-rate has been exceeded only once, in 1878, a year of unparalleled mortality in Berar, when the death-rate from fever was 38·9 per mille. The next highest death-rate was 20·3 recorded in 1883. There was, in 1894, as compared with the previous year, an increase in the mortality in every district, and this was most marked in Wun and Basim. The average mortality in the towns was 21·8, against 23·8 in rural circles.

The greatest numbers of deaths were registered in March and April, and not as usual in August and September, the disturbing factor having been an epidemic of influenza, which prevailed during the first five months of the year.

Fevers in Madras.

154. There were 270,456 deaths registered as due to fevers in 1894, and the death-rate was 8 per thousand of the population, against 7·7 in the previous year, and 7·6, the average of the previous quinquennium. In sixteen of the districts, the rates were higher than in the previous year, and in six they were lower. The increase was most marked in the districts of Vizagapatam (2·3 per mille) and the Nilgiris (2·1), and the decrease in Cuddapah (2·3), where, however, the death-rate was 2 per mille higher than the quinquennial mean. The district rates ranged from 20·2 per mille in Kurnool to 2·3 in Tanjore. Among the towns, the average death-rate from fever was 8·3, against 8 in the rural districts. The greatest numbers of deaths were recorded in January, November and December, the least in February and March.

Fevers in Coorg.

155. The total number of deaths reported as due to fever was 3,508, and the death-rate was 20·27 per mille, as compared with 19·52 in 1893, and 19·24, the average of the previous five years. The largest numbers of deaths were registered in May, June and July, and the smallest numbers in March and October.

Fevers in Bombay.

156. There were 429,094 deaths from fevers reported in the Bombay Presidency in 1894, against 361,160 in the previous year. The death-rate was 22·80 per thousand of the population, against 19·19 in 1893, and 20·82, the quinquennial mean. The deaths were more numerous than in the previous year in each of the five registration districts, and, except in Sind, the death-rates were higher than the average of the previous ten years. The excess was comparatively slight, except in the Gujarat Registration District, where the increase was about 9 per mille. No reason is assigned for the excessive mortality in Gujarat, but it may be noted that there, as in the Central Registration District, the excess was most marked in the early part of the year. In the last-named district there was unusually heavy rainfall in the end of October, and the increased mortality in Sind is ascribed to extensive floods. In the Western Registration District the increase in mortality was general, but in Thana and Colaba the heavy rainfall in July, no doubt, raised the fever mortality

Ordinarily, the greatest numbers of deaths from fevers are recorded in August and the cold weather months, but in 1894, the greatest number was recorded in March. The number of deaths from fever increased from August 1893, but the exceptional mortality early in the year suggests the possibility that, as in the Central Provinces and Berar, influenza may have been present.

Fevers in Lower Burma.

157. There were 48,104 deaths registered as due to fevers in Lower Burma in 1894, and the death-rate was 10·65 per thousand, against 11·22 in 1893, and 9·19, the mean of the previous five years. The highest death-rate 22·46, was registered in Thayetmyo, followed by 17·56, 16·54, 13·34 and 13·21 recorded, respectively, in Akyab, Prome, Mergui and Sandoway. The lowest rates were 4·58, registered in Pegu, and 5·50 in Thongwa. The largest numbers of deaths were recorded in the last six months of the year.

Dysentery and Diarrhœa.

Dysentery and Diarrhœa in India in 1894.

158. The number of deaths recorded as due to dysentery and diarrhœa in India and Lower Burma in 1894, was 262,502, as compared with 201,881 in 1893. The death-rates from these causes were identical in the two years in the Madras Presidency, Berar and Coorg, in each of the other provinces, except Assam, Ajmere-Merwara and Mysore, the death-rates show an increase.

In 1893, the two extremes of mortality were recorded in Berar and Madras; in 1894 these provinces preserve the same positions, with the same death-rates as in the previous year, namely, 5·2 and ·7 per mille.

The following statement shows the monthly mortality in the various provinces :—

Statement showing the deaths from DYSENTERY *and* DIARRHŒA *registered in the different Provinces, by Months, during the year 1894.*

Province.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.		Ratio of deaths per 1,000 of population.	
													1894.	1893.	1894.	1893.
Bengal . . .	5,386	3,785	3,384	3,699	3,841	3,469	5,425	6,445	6,165	6,257	5,417	5,539	58,812	41,150	·82	·57
Assam . . .	1,421	830	1,009	1,164	1,456	1,409	1,078	1,114	1,103	1,425	1,494	1,266	14,769	14,853	2·94	2·96
North-Western Provinces and Oudh.	2,746	2,476	2,710	3,469	4,595	4,382	4,931	8,141	8,455	9,088	8,548	6,629	66,173	34,556	1·41	·74
Punjab . . .	843	548	649	1,048	1,841	1,423	1,202	1,906	2,144	2,582	2,257	1,540	17,983	16,150	0·87	0·79
Central Provinces .	843	731	1,187	1,298	1,346	1,069	1,259	2,344	2,236	1,854	1,567	1,146	16,880	13,001	1·78	1·37
Berar . . .	757	815	1,406	1,288	1,451	664	1,002	2,041	2,040	1,473	1,150	799	14,886	14,772	5·2	5·2
Lower Burma .	357	370	408	479	697	977	1,308	1,407	861	685	575	529	8,653	5,222	1·92	1·16
Madras Presidency.	3,075	2,177	1,761	1,465	1,622	1,561	1,886	2,283	2,333	2,248	2,093	2,297	24,801	23,814	0·7	0·7
Bombay Presidency	2,137	1,773	2,059	2,226	2,842	2,997	4,038	5,066	3,751	3,026	2,471	2,281	34,667	32,965	1·84	1·75
Ajmere-Merwara .	41	35	42	44	60	34	43	72	50	16	32	37	506	754	·93	1·39
Coorg . . .	21	16	10	9	19	21	28	17	16	13	6	8	184	184	1·06	1·06
Mysore . . .	342	237	356	302	368	352	382	333	342	359	416	399	4,188	4,460	·86	·92
TOTAL .	17,959	13,793	14,981	16,491	20,138	18,358	22,585	31,169	29,496	29,026	26,026	22,470	262,502	201,881	...	...

Dysentery and Diarrhœa in Bengal.

159. The total number of deaths from these causes in Bengal in 1894, was 58,812, and the death-rate ·82 per thousand of the population, as compared with ·57 per thousand in the previous year, and ·67, the mean of the five years 1889-93.

The districts in which the highest death-rates were recorded were the same as in 1893, and occupied exactly the same relative positions, Darjeeling (6·13 per mille), Calcutta (4·60), Howrah (4·27), Balasore (3·80) and Puri (3·77).

The urban mortality, 3·84 per mille was, as usual, far in excess of the mortality in rural areas, ·67, and both were in excess of the quinquennial means. The towns in which the highest death-rates were recorded were Bhadreswar 16·18, and Serampore, 13·10, followed by Hajipur, 10·98 and Baidabati, 10·28. The largest numbers of deaths were recorded in August, October and September, and the least in March.

From the Port of Calcutta, seventy European seamen were admitted to hospital suffering from dysentery, but there was no death.

Dysentery and Diarrhœa in Assam.

160. In Assam, 14,769 deaths were ascribed to dysentery and diarrhœa, equal to a death-rate of 2·94 per mille, which is almost identical with the quinquennial mean, and ·02 per mille less than the rate recorded in 1893. As usual, the death-rate was excessively high in Lakhimpur, and, as in previous years, the two next highest rates were registered in Sibsagar and Cachar. But, while in Cachar the death-rate under this heading is slowly declining, in Lakhimpur and Sibsagar it is advancing. In accordance with past experience, the registered mortality in the Goalpara and Kamrup districts was comparatively slight.

Dysentery and Diarrhœa in the North-Western Provinces and Oudh.

161. In the North-Western Provinces and Oudh there were 66,173 deaths registered under this heading, as compared with 34,556 in 1893, and the death-rate was 1·41, as compared with ·74 in the previous year, and 1·04, the mean of the previous five years. The urban death-rate rose from 2·16 in 1893 to 3·62 per mille, and the rural, from ·63 to 1·25. The mortality was, as usual, greatest in the hill tracts, 10·10 per thousand in Garhwal, and 5·18 in Almora. In the plains, the highest rates were 4·58 in Gorakhpur and 4·44 in Rae Bareli. In the cities, the rates ranged from 7·39 in Benares, and 4·74 in Bareilly, to ·68 in Allahabad and ·45 in Cawnpore. In Kashipur, a town of 14,717 inhabitants, situated in the Tarai, where, in 1893, the enormous death-rate of 19·37 per thousand was recorded, in the year under report the rate was 15·49. Excessively high rates were recorded in Barhaj, 11·73, Nagina, 10·84, Aligarh, 10·54, Hathras, 10·52 and Mau, 10·42.

Dysentery and Diarrhœa in the Punjab.

162. The number of deaths registered attributed to dysentery and diarrhœa in the Punjab in 1894, was 17,983, and the death-rate was ·87 per thousand, against ·79 in the previous year, and 0·83, the quinquennial mean. The highest death-rates were registered in Amritsar, 2·13 per mille, and Simla, 2·07, while the lowest rates were registered in Rawalpindi, ·13 per mille, Kohat ·12, and Hazara ·08. The urban death-rate was 2·75, as compared with ·74 recorded in the rural areas. The largest numbers of deaths were registered in October, November and September, which is in agreement with the average monthly mortality from these diseases in the past ten years.

Dysentery and Diarrhœa in the Central Provinces.

163. The number of deaths recorded under this heading in the Central Provinces, was 16,880, or 3,879 more than in 1893. The death-rate, which was 1·78 per thousand of the population, although ·41 per mille higher than in the previous year, was ·26 lower than the quinquennial mean. The highest rates were 4·12, recorded in Hoshangabad, 3·90 in Sambalpur, 3·33 in Jubbulpore and 3·06 in Chhindwara. In Jubbulpore and Sambalpur, however, these rates are lower than the quinquennial means. The urban death-rate was 2·08, compared with 1·75 in the rural areas.

Dysentery and Diarrhœa in Berar.

164. In Berar, the total number of deaths from these causes was 14,886, or 114 more than in the previous year, and the death-rate was, as in 1893, 5·2 per thousand, against 5·5, the mean rate of the previous five years. The highest district death-rate was returned, as usual, from Ellichpur (10 per mille), and the lowest from Wun (1·6). The highest mortality was registered in August and September, but there was a most unusual rise in March, April and May, ascribed to the prevalence of influenza during these months.

Dysentery and Diarrhœa in Madras.

165. The number of deaths recorded as due to dysentery and diarrhœa in Madras, was 24,801, and the death-rate was ·7 per mille, practically the same as in 1893, as compared with ·9 the ratio of the previous five years. By far the highest district rate was 5·3, registered in the town of Madras; in the districts the rates varied from 2·0 per mille in Chingleput, and 1·4 in the Nilgiris, to ·2 in Anantapur and Kistna. The urban death-rate was 3·0 per mille, just five times as great as the average recorded in rural areas. The Provincial Sanitary Commissioner believes that the greater mortality from these causes in towns is mainly due to filth-sodden ill-drained sites. The greatest number of deaths was registered in January, and the least in April.

Dysentery and Diarrhœa in Coorg.

166. The total number of deaths registered was the same as in 1893, namely, 184, and the death-rate was 1·06 as compared with 1·39, the quinquennial mean. As usual, the greatest numbers of deaths occurred during the monsoon months.

Dysentery and Diarrhœa in Bombay.

167. The number of deaths registered under this heading in Bombay in 1894, was 34,667, against 32,965 in the previous year. The death-rate, which was 1·84 per thousand, was ·09 per mille in excess of that of 1893, but ·31 per mille less than the mean of the previous five years. The rates were highest in the Western and Central Registration Districts, 3·21 and 2·55 per thousand respectively, and lowest in the Gujarat and Sind Registration Districts, ·39 and ·12. The urban death-rate was 2·23, against 1·79 in the rural areas. Amongst the highest rates were 7·09 per thousand, registered in Nasik, and 7·24, in Ahmednagar. The maximum mortality occurred in August, and the minimum in February.

Dysentery and Diarrhœa in Burma.

168. There were 8,653 deaths attributed to these causes in Burma in 1894, and the death-rate was 1·92 per thousand, against 1·16 in 1893, and ·99, the average of the previous five years. The highest ratios of mortality were returned from Tavoy (5·33), Mergui (4·26), and Akyab (3·55); the lowest from Tharrawaddy (·86), and Henzada (·68). In the towns, the average mortality was 3·10, as against 1·74 in the rural areas. Among the towns, by far the highest rate, 11·98 per mille, was registered in Allanmyo, the next highest being 5·80 in Bassein, and 5·02 in Pegu. The greatest mortality was recorded in June, July and August, the least in January, February and March.

Injuries.

Injuries.

169. The total number of deaths resulting from "Injuries" in the various provinces was 93,420, or 3,592 more than in 1893. The first of the following statements shows the numbers of deaths so caused in all the provinces month by month; the second gives details regarding the nature of the injuries which caused the deaths.

The number of suicides increased by 617, due chiefly to greater numbers of these deaths being registered in Bengal and the North-Western Provinces and Oudh. The number of deaths due to wounding and accident increased, also, in a large measure, on account of the same provinces. The numbers reported to have died of snake-bite or to have been killed by wild animals increased by 1,426; there were minor fluctuations in the numbers of such deaths recorded in the different provinces, but the increase in the North-Western Provinces and Oudh was no less than 1,130.

Statement showing the deaths from INJURIES *registered in the different Provinces, by Months, during the year 1894.*

PROVINCE.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.		RATIO OF DEATHS PER 1,000 OF POPULATION.	
													1894.	1893.	1894.	1893.
Bengal . . .	1,111	981	1,499	2,012	2,817	3,438	4,436	4,140	4,161	3,242	1,694	1,184	30,715	31,311	·43	·44
Assam . . .	82	86	121	132	171	236	247	179	149	167	113	90	1,773	1,840	0·35	0·37
North-Western Provinces and Oudh	1,011	1,055	1,403	1,912	2,262	2,980	3,881	3,445	3,655	3,341	1,619	1,216	27,780	24,034	·59	·51
Punjab . . .	293	285	373	508	642	799	1,103	986	742	494	355	319	6,899	7,289	0·34	0·35
Central Provinces .	304	342	362	371	456	540	545	555	577	547	410	353	5,362	5,031	0·56	0·53
Berar . . .	91	51	90	85	119	96	96	110	123	100	63	70	1,094	1,104	·4	·4
Lower Burma .	70	60	56	61	86	88	85	49	78	78	85	62	858	956	·19	·21
Madras Presidency	898	863	1,081	1,162	1,140	937	867	922	894	980	740	848	11,332	10,709	0·4	0·3
Bombay Presidency	428	356	444	458	498	681	676	594	569	587	419	407	6,117	6,144	0·32	0·33
Ajmere-Merwara .	15	13	19	31	25	30	36	34	44	31	17	15	310	330	·57	·61
Coorg . . .	7	2	8	6	1	6	2	...	5	2	5	7	51	56	·29	0·32
Mysore . . .	85	104	113	118	96	95	106	62	75	93	77	105	1,129	1,024	·23	·21
TOTAL .	4,395	4,198	5,569	6,856	8,313	9,929	12,080	11,076	11,072	9,662	5,597	4,676	93,420	89,828	...	...

Statement showing details of deaths from INJURIES *registered in the different Provinces, during the year 1894.*

PROVINCE.	Population under registration.	DETAILS OF DEATHS FROM INJURIES.				TOTAL.
		Suicide.	Wounding.	Accident.	Snake-bite or killed by wild beasts.	
Bengal . . .	71,070,233	3,544	1,549	14,313	11,309	30,715
Assam . . .	5,021,084	114	114	1,279	266	1,773
North-Western Provinces and Oudh . . .	46,904,791	2,954	1,673	16,630	6,523	27,780
Punjab . . .	20,553,982	341	577	4,704	1,277	6,899
Central Provinces . .	9,501,401	800	666	2,668	1,228	5,362
Berar	2,843,222	200	42	600	252	1,094
Lower Burma . .	4,516,599	68	156	264	370	858
Madras Presidency .	33,693,179	2,017	7,050		2,265	11,332
Bombay Presidency .	18,820,346	591	489	3,575	1,462	6,117
Ajmere-Merwara . .	542,358	13	27	207	63	310
Coorg	173,055	3	8	34	6	51
Mysore . . .	4,843,523	84	83	784	178	1,129
TOTAL .	218,483,773	10,729	57,492		25,199	93,420

All Other Causes.

All other causes.

170. The number of deaths recorded under the heading "All other causes" was 1,394,879, against 1,225,446 in 1893. In all the provinces, except Coorg and Mysore, the ratios of deaths were higher than in 1893, the increase being greatest in the Punjab, Central Provinces and the North-Western Provinces and Oudh.

Statement showing the deaths from ALL OTHER CAUSES *registered in the different Provinces by Months, during the year 1894.*

PROVINCE.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.		RATIO OF DEATHS PER 1,000 OF POPULATION.	
													1894.	1893.	1894.	1893.
Bengal . . .	37,512	25,867	25,716	26,627	22,907	19,917	27,206	27,631	27,909	35,082	33,038	35,770	345,182	314,207	4·85	4·42
Assam . . .	3,907	2,773	2,736	2,481	2,384	2,232	2,125	2,421	2,666	3,396	3,859	3,973	34,953*	33,433	6·96	6·65
North-Western Provinces and Oudh,	16,116	13,462	14,482	16,106	16,876	15,367	17,113	23,525	22,610	23,883	22,667	19,724	221,931	169,880	4·73	3·62
Punjab . . .	19,510	16,543	16,026	14,945	17,319	14,859	13,474	15,721	17,625	20,669	19,764	17,925	204,380	160,507	9·94	7·81
Central Provinces .	6,512	5,657	7,639	7,902	6,992	5,778	5,766	7,680	8,222	7,505	7,755	6,862	84,270	73,034	8·87	7·69
Berar . . .	2,794	2,279	3,597	3,228	2,905	1,671	1,949	2,931	3,011	2,526	2,867	2,240	31,998	30,165	11·3	10·6
Lower Burma .	2,943	2,392	2,321	2,266	2,529	3,162	4,130	4,243	4,524	4,037	3,841	3,239	39,627	35,847	8·77	7·94
Madras Presidency.	32,359	25,068	23,129	22,028	23,912	23,539	24,682	25,334	25,954	26,484	29,499	30,595	312,583	297,346	9·3	8·8
Bombay Presidency	8,474	8,103	8,585	8,867	9,259	8,591	9,209	8,794	8,096	7,144	8,008	7,428	100,558	89,142	5·35	4·74
Ajmere-Merwara .	242	197	147	138	115	95	107	165	141	98	121	151	1,717	1,514	3·16	2·79
Coorg . . .	35	24	40	38	48	53	45	50	36	36	29	34	468	480	2·70	2·77
Mysore . . .	1,672	1,255	1,242	1,290	1,474	1,183	1,546	1,409	1,423	1,395	1,592	1,731	17,212	19,891	3·55	4·10
TOTAL .	132,076	103,620	105,660	105,916	106,720	96,447	107,352	119,904	122,217	132,255	133,040	129,672	1,394,879	1,225,446	...	...

* Includes 1,745 deaths from anchylostomiasis.

Amount and cost of charitable medical relief throughout India in 1894.

171. A summary of the amount and cost of charitable medical relief throughout the several provinces is given as Appendix C to this section.

Appendix A to Section VI.

STATEMENT NO. I.—*Showing the deaths from CHOLERA registered in the Districts of BENGAL PROPER during each month of 1894.*

DISTRICT.	NUMBER OF CHOLERA DEATHS REGISTERED IN EACH MONTH.													Total of the year.
	Population.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Calcutta	681,560	193	237	322	315	93	111	76	73	31	53	75	116	1,695
24-Pergunnahs	1,892,033	1,179	942	1,051	520	84	89	49	149	84	39	175	558	4,919
Howrah	763,625	596	467	395	279	108	78	84	67	83	101	166	256	2,680
Hooghly	1,034,296	150	338	261	163	70	59	167	184	74	37	83	273	1,859
Nuddea	1,644,108	517	535	1,380	1,211	347	56	52	3	...	59	160	718	5,038
Khulna	1,177,652	580	203	407	774	203	16	9	4	1	1	75	183	2,456
Jessore	1,888,827	893	289	1,076	1,238	177	8	20	29	5	69	344	410	4,558
Burdwan	1,391,880	422	336	760	536	145	93	141	283	185	53	33	138	3,125
Bankura	1,069,668	84	149	121	97	140	76	342	843	345	145	95	149	2,586
Beerbhoom	797,833	174	515	1,201	266	46	44	56	56	33	31	31	64	2,517
Midnapur	2,631,516	1,535	1,797	766	648	292	270	638	371	90	162	337	308	7,214
Dacca	2,420,656	2,380	852	1,166	2,122	576	60	53	62	241	403	551	739	9,205
Furreedpur	1,798,489	541	347	1,190	2,284	408	25	16	22	51	109	360	561	5,914
Backergunge	2,153,965	1,538	383	541	832	493	35	15	7	2	7	26	196	4,075
Mymensingh	3,472,186	2,261	1,022	1,001	1,495	910	204	85	42	12	52	371	268	7,723
Darjeeling	223,314	...	...	...	...	1	12	...	...	...	5	...	...	18
Jalpaiguri	681,352	11	9	30	80	26	37	32	3	2	5	2	4	241
Moorshedabad	1,250,946	478	302	564	684	252	44	14	1	39	62	634	794	3,868
Dinagepur	1,555,835	80	56	281	416	257	66	78	16	...	5	285	889	2,429
Maldah	814,919	544	86	128	312	136	30	17	3	10	17	319	1,090	2,692
Rajshahye	1,313,336	701	173	200	1,490	647	36	105	13	...	17	101	245	3,728
Rungpur	2,065,464	95	22	56	99	22	6	9	...	13	1	68	532	923
Bogra	817,494	156	33	19	135	55	16	4	1	3	12	28	167	629
Pubna	1,361,223	372	52	404	1,417	431	24	2	12	10	52	58	173	3,007
Purneah	1,944,658	24	14	100	909	1,361	145	28	35	50	307	215	294	3,482
Chittagong	1,290,167	406	344	353	244	266	135	73	22	12	4	124	552	2,535
Noakhally	1,009,693	1,346	495	608	455	83	13	8	1	2	2	1	41	3,055
Tipperah	1,782 935	1,715	731	570	557	132	11	12	8	5	4	69	78	3,892
Balasore	994,625	250	529	481	666	385	882	772	212	77	64	362	225	4,905
Cuttack	1,937,671	362	287	368	666	308	310	954	990	682	550	788	447	6,712
Pooree	944,998	41	61	173	230	69	96	477	218	28	132	258	210	1,993
Rajmehal Deoghur	1,754,196	41	24	52	82	158	195	442	560	253	102	147	109	2,165
Palamau	596,770	...	9	10	4	448	3,220	1,646	863	309	128	28	...	6,665
Manbhoom	1,193,328	4	89	171	111	376	457	686	662	147	6	13	6	2,728
Hazaribagh	1,164,321	1	6	24	19	43	247	553	945	544	306	87	5	2,780
Ranchee	1,128,885	...	...	...	...	...	8	4	54	36	...	...	...	102
Chybassa	545,488	18	15	119	366	93	87	146	188	34	21	6	6	1,099
Monghyr	2,036,021	...	5	66	419	1,982	2,206	1,283	828	436	853	886	196	9,160
Bhagalpur	2,032,696	7	1	2	10	654	740	701	1,437	781	1,081	1,701	479	7,594
Gya	2,138,331	39	23	201	624	1,567	2,409	6,005	3,792	1,105	298	248	40	16,351
Patna	1,769,004	2	21	71	176	536	718	1,750	1,530	503	388	248	63	6,006
Shahabad	2,063,927	5	14	198	681	1,837	2,755	3,665	4,534	2,082	1,818	1,713	182	19,484
Sarun	2,467,477	1	4	18	59	1,105	2,135	2,976	2,132	527	379	220	142	9,698
Tirhoot	2,711,445	...	17	57	153	4,101	4,477	1,981	1,803	450	327	465	186	14,017
Chumparun	1,859,465	...	8	57	293	2,948	5,438	3,540	2,458	441	134	13	14	15,344
Durbhanga	2,801,955	42	...	52	1,213	6,141	3,535	823	449	236	261	288	244	13,284
TOTAL	71,070,233	19,784	11,842	17,071	25,350	30,512	31,714	30,589	25,965	10,054	8,662	12,257	12,350	236,150

STATEMENT NO. II.—*Showing the deaths from CHOLERA registered in the Districts of ASSAM during each month of 1894.*

DISTRICT.	NUMBER OF CHOLERA DEATHS REGISTERED IN EACH MONTH.													Total of the year.
	Population.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Lakhimpur	254,053	5	36	95	94	113	294	63	58	40	10	13	8	829
Sibsagar	457,274	19	30	385	642	487	269	62	38	159	259	164	73	2,587
Nowgong	344,141	147	115	136	99	33	9	22	10	43	4	42	258	918
Darrang	307,761	68	18	18	38	57	110	114	18	7	32	14	14	508
Goalpara	452,304	92	7	49	190	242	246	269	177	54	14	9	6	1,355
Kamrup	634,249	95	20	10	38	124	51	38	20	128	74	230	516	1,344
Cachar	367,542	75	111	127	51	31	31	17	19	12	7	8	4	493
Sylhet	2,154,593	2,199	829	611	766	581	184	152	37	7	22	51	13	5,452
Khasi and Jaintia Hills	49,167	...	...	...	...	2	...	...	...	...	6	...	3	11
TOTAL	5 021,084	2,700	1,166	1,431	1,918	1,670	1,194	737	377	450	428	531	895	13,497

Appendix A to Section VI—*continued.*

STATEMENT No. III.—*Showing the deaths from* CHOLREA *registered in the Districts of the* NORTH-WESTERN PROVINCES AND OUDH *during each month of 1894.*

DISTRICT.	Population.	NUMBER OF CHOLERA DEATHS REGISTERED IN EACH MONTH.												Total of the year.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Eastern districts.														
Ghazipur	1,024,753	...	15	47	123	233	420	532	1,026	746	575	80	57	3,854
Ballia	995,327	...	15	49	41	268	777	1,426	1,750	498	182	164	68	5,238
Benares	921,943	6	47	239	525	542	276	218	418	99	173	36	16	2,595
Mirzapur	1,161,508	...	123	145	352	840	920	521	316	91	30	10	24	3,372
Azamgarh	1,728,625	...	168	546	906	1,421	1,402	1,141	1,602	1,206	1,815	964	99	11,270
Jaunpur	1,264,949	...	287	1,811	3,198	1,493	563	208	398	120	103	31	10	8,222
Gorakhpur	2,994,057	...	114	442	1,751	5,281	5,878	2,452	2,159	1,344	3,628	2,461	571	26,081
Basti	1,785,844	...	53	1,028	3,370	3,319	1,359	375	331	359	1,059	775	666	12,694
Allahabad	1,534,658	...	302	256	215	294	574	483	501	62	120	134	87	3,028
Fatehpur	699,157	...	...	...	46	556	462	321	514	45	101	55	91	2,191
Cawnpore	1,209,695	...	1	1	3	126	206	2,494	2,923	59	...	...	*23	5,836
Fatehgarh	858,687	...	...	4	...	...	68	1,742	2,263	135	168	29	3	4,412
Districts south of, or bordering on, the Jumna.														
Banda	705,832	...	25	6	...	483	1,229	165	117	11	...	...	...	2,036
Hamirpur	513,720	...	...	...	...	8	108	168	103	26	...	...	...	413
Jalaun	396,361	...	...	1	...	...	...	20	81	8	1	...	...	111
Etawa	727,629	...	...	1	...	...	1	957	1,500	60	1	...	...	2,520
Jhansi	683,619	...	...	3	...	1	...	...	2	...	...	...	...	6
Districts lying west of 80°, east longitude.														
Bareilly	1,040,691	1	...	3	...	...	...	1	6	103	932	374	8	1,428
Pilibhit	485,366	...	...	...	...	...	...	...	34	300	811	647	55	1,847
Budaun	925,168	...	...	2	...	...	...	3	...	81	334	99	5	524
Shahjahanpur	918,981	...	...	...	...	...	...	51	596	748	2,273	1,024	57	4,749
Moradabad	1,179,398	...	2	...	3	4	4	2	7	45	137	17	1	222
Etah	702,063	...	...	...	2	...	1	...	9	15	13	18	...	58
Mainpuri	762,163	...	...	...	5	3	...	207	395	56	73	13	...	752
Aligarh	1,043,172	...	...	...	1	1	...	1	4	3	...	...	1	11
Bulandshahr	949,914	...	...	...	5	...	...	...	37	171	9	1	...	223
Agra	1,003,796	1	1	3	1	3	2	2	62	13	20	...	...	108
Muttra	713,421	1	4	5	7	15	...	1	9	21	4	...	...	67
Meerut	1,391,458	...	1	...	2	...	1	...	1	5	...	3	...	13
Muzaffarnagar	772,874	...	...	...	...	...	...	6	92	26	11	...	...	135
Saharanpur	1,001,280	...	...	...	...	1	...	...	1	4	32	10	...	48
Bijnor	794,070	...	...	...	...	...	...	6	51	256	494	63	1	871
Dehra Dun	168,135	...	...	...	1	...	...	1	1	...	...	...	...	3
Naini Tal	362,248	3	...	1	1	...	...	...	...	38	35	13	...	91
Almora	411,501	...	...	...	...	...	...	...	1	...	...	...	...	1
Garhwal	407,818	...	...	...	...	...	10	...	...	...	...	...	...	10
Oudh.														
Partabgarh	924,974	...	114	707	798	613	453	97	184	9	10	...	155	3,140
Rae Bareli	1,036,521	...	...	...	16	279	597	1,000	1,573	231	389	486	2,085	6,656
Sultanpur	1,075,851	4	58	362	714	685	483	192	305	18	104	178	860	3,963
Fyzabad	1,216,959	9	88	547	809	1,484	612	135	176	178	402	439	553	5,432
Bara Banki	1,130,906	...	5	24	5	479	741	1,008	1,555	241	256	106	74	4,494
Lucknow	774,163	...	1	4	6	56	112	986	2,279	249	237	50	13	3,993
Unao	953,636	...	...	...	8	67	376	3,795	3,807	121	72	80	†16	8,342
Gonda	1,459,229	2	21	722	1,931	4,124	2,639	794	1,263	797	1,227	586	147	14,253
Bahraich	1,000,432	...	8	167	529	666	589	402	625	231	292	53	78	3,640
Kheri	903,615	...	...	3	27	145	73	213	1,151	1,199	1,217	990	329	5,347
Sitapur	1,075,413	1	9	25	102	126	97	297	1,146	584	1,093	1,285	1,140	5,905
Hardoi	1,113,211	...	...	...	...	4	119	2,458	3,289	349	849	750	56	7,874
TOTAL	46,904,791	28	1,462	7,154	15,503	23,620	21,152	24,881	34,663	10,961	19,282	12,024	7,349	178,079

* Omissions of July and August 1894 reported by Police in December 1894.
† " of August 1894 " " " "

Appendix A to Section VI —*continued.*

STATEMENT No. IV.—*Showing the deaths from* CHOLERA *registered in the Districts of the* PUNJAB *during each month of 1894.*

District.	Population.	Number of Cholera deaths registered in each month.												Total of the year.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Gurgaon . . .	668,863	...	...	...	...	...	...	...	...	...	...	...	...	...
Delhi . . .	635,224	...	...	...	...	...	...	...	2	...	...	...	...	2
Rohtak . . .	590,446	...	...	...	...	...	...	...	...	...	...	...	...	...
Hissar . . .	775,808	...	...	...	...	...	...	...	...	...	...	17	...	17
Karnal . . .	683,652	...	...	...	...	...	...	...	...	...	...	...	...	...
Umballa . . .	982,291	...	...	...	1	...	...	...	...	...	...	...	...	1
Simla . . .	35,246	...	...	...	...	...	...	...	...	...	...	...	...	...
Jullundur . . .	891,347	...	...	...	...	...	...	...	...	...	...	...	...	...
Ludhiana . . .	648,655	...	...	...	...	...	...	...	...	...	...	...	...	...
Hoshiarpur . .	1,011,644	...	...	...	...	...	...	...	...	...	...	...	...	...
Kangra . . .	759,458	...	...	...	...	...	...	...	...	...	...	...	...	...
Gurdaspur . .	940,785	...	...	...	1	9	...	...	...	18	...	...	...	28
Sialkot . . .	1,098,712	...	...	...	...	...	...	...	...	...	...	...	...	...
Amritsar . . .	990,990	...	...	...	...	29	4	...	...	...	...	...	...	33
Gujrat . . .	760,823	...	...	...	...	...	...	...	...	...	...	...	...	...
Gujranwala . .	690,061	...	...	...	...	...	...	...	...	...	...	...	...	...
Lahore . . .	1,055,619	...	...	...	...	12	18	1	...	...	...	...	...	31
Ferozepore . .	861,499	...	...	...	...	...	...	...	...	...	...	...	...	...
Montgomery . .	499,449	...	...	...	...	...	...	...	...	...	...	...	...	...
Mooltan . . .	620,859	..	...	...	...	...	...	...	...	...	...	...	...	...
Mozaffargarh . .	381,072	..	...	...	...	...	...	...	...	...	...	...	...	...
Dera Ghazi Khan .	399,860	...	...	...	...	...	...	...	...	...	...	...	...	...
Dera Ismail Khan .	482,463	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhang . . .	436,821	...	...	...	...	...	...	...	...	...	...	...	...	...
Shahpur . . .	493,535	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhelum . . .	605,774	...	...	...	...	...	...	...	...	...	...	...	...	...
Hazara . . .	476,125	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawalpindi . .	845,259	...	...	...	...	...	...	...	...	...	...	...	...	...
Peshawar . .	671,156	...	...	...	...	...	...	...	...	...	...	...	...	...
Kohat . . .	190,514	...	...	...	...	...	...	...	1	...	...	...	...	1
Bannu . . .	369,972	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL .	20,553,982*	...	...	...	2	50	22	1	3	18	...	17	...	113

* Excluding Europeans and Eurasions and the population of Military Cantonments.

STATEMENT No. V.—*Showing the deaths from* CHOLERA *registered in the Districts of the* CENTRAL PROVINCES *during each month of 1894.*

District.	Population.	Number of Cholera deaths registered in each month.												Total of the year.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Raipur . . .	1,255,698	...	65	49	...	...	...	...	...	...	...	...	...	114
Bilaspur . . .	827,433	...	6	35	10	4	...	...	26	143	6	...	...	230
Sambalpur . .	388,205	...	25	33	3	69	94	26	24	...	...	...	...	274
Jubbulpore . .	574,838	...	22	29	42	41	66	1	...	4	14	5	...	224
Seoni . . .	370,767	...	...	11	...	...	...	...	...	...	...	...	...	11
Mandla . . .	339,373	...	17	68	33	72	47	54	74	7	6	...	...	378
Narsinghpur . .	367,026	...	...	...	...	...	...	...	...	...	...	...	...	...
Murwara . . .	173,308	...	25	29	6	56	92	...	66	13	...	...	...	287
Damoh . . .	325,613	...	...	...	...	...	23	1	...	...	...	...	...	24
Saugor . . .	591,743	...	...	...	...	...	...	...	...	...	...	...	...	...
Chhindwara . .	339,443	...	...	...	...	...	7	63	546	215	116	9	...	956
Betul . . .	323,196	...	...	...	...	34	143	89	341	112	22	...	...	741
Hoshangabad . .	525,276	...	3	5	2	158	59	4	...	...	5	...	...	236
Nimar . . .	172,120	...	10	2	4	...	...	9	80	31	25	107	24	292
Bhandara . . .	742,850	...	...	9	...	...	60	95	50	54	34	20	13	335
Nagpur . . .	757,862	...	...	...	...	3	3	41	780	770	79	...	...	1,676
Balaghat . . .	383,331	...	13	13	...	...	16	...	11	1	...	...	...	54
Wardha . . .	400,854	...	...	...	...	27	40	39	418	413	67	18	...	1,022
Chanda . . .	561,099	...	...	...	...	...	...	...	...	...	...	...	4	4
Burhanpur . .	81,366	...	...	...	...	21	...	...	146	18	...	...	...	185
TOTAL .	9,501,401	...	186	283	100	485	650	422	2,562	1,781	374	159	41	7,043

Appendix A to Section VI —*continued.*

STATEMENT NO. VI.—*Showing the deaths from* CHOLERA *registered in the Districts of* BERAR *during each month of 1894.*

DISTRICT.	Population.	NUMBER OF CHOLERA DEATHS REGISTERED IN EACH MONTH.												Total of the year.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Akola . . .	580,590*	1	13	50	...	37	18	91	259	29	...	...	...	498
Buldana . . .	478,029	5	...	4	141	115	7	136	320	102	28	...	...	858
Basim . . .	398,181	1	...	...	...	...	5	77	199	8	1	9	...	300
Amraoti . . .	655,645	...	...	...	...	239	107	124	484	120	25	4	...	1,103
Ellichpur . . .	259,164†	...	...	...	...	205	18	...	45	17	3	...	...	288
Wun . . .	471,613	...	...	...	...	...	...	29	88	2	11	117	158	405
TOTAL .	2,843,222	7	13	54	141	596	155	457	1,395	278	68	130	158	3,452

* The population of 6 villages from the Buldana and of 30 villages from the Melghat, transferred to the Akola district.
† Population of Melghat and Ellichpur Cantonment excluded.

STATEMENT NO. VII.—*Showing the deaths from* CHOLERA *registered in the Native States of* RAJPUTANA *and* CENTRAL INDIA *during each month of 1894.*

NATIVE STATES.	Population.	NUMBER OF CHOLERA DEATHS REGISTERED IN EACH MONTH.												Total of the year.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Rajputana.														
Jodhpore . . .	251,968	...	...	2	...	...	...	...	...	...	...	...	...	2
TOTAL .	251,968	...	...	2	...	...	...	...	...	...	...	...	...	2
Central India.														
Western Malwa . .	Not stated	...	3	66	23	144	197	104	109	3	73	46	...	768
Baghelkhand . .	1,731,180	...	127	387	208	192	238	124	212	148	126	7	...	1,769
Indore . . .	Not stated	...	...	38	35	5	1	27	3	...	...	...	...	109
Goona . . .	Ditto	...	...	...	...	...	...	1	...	...	...	...	...	1
Bundelkhand . .	Ditto	...	5	27	36	160	146	239	89	14	...	...	...	716
Bhopal . . .	12,248	...	...	...	...	...	40	15	93	102	...	...	...	250
Bhopawar . .	Not stated	...	...	...	...	49	160	309	727	11	...	3	...	1,259
Gwalior . . .	Ditto	...	...	...	17	14	61	24	148	74	...	...	...	338
TOTAL .	Not stated	...	135	518	319	564	843	843	1,381	352	199	56	...	5,210
GRAND TOTAL .	Not stated	...	135	520	319	564	843	843	1,381	352	199	56	...	5,212

Appendix A to Section VI—*continued.*

STATEMENT No. VIII.—*Showing the deaths from* CHOLERA *registered in the Districts of* HYDERABAD *during each month of 1894.*

DISTRICT.	Population.	NUMBER OF CHOLERA DEATHS REGISTERED IN EACH MONTH.												Total of the year.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Raichur . . .	Not stated	...	...	...	...	...	...	...	...	...	...	...	...	...
Hingoli . . .	Ditto	...	...	...	...	...	20	...	...	...	...	...	...	20
Mominabad . .	Ditto	...	...	...	...	1	1	...	...	...	...	...	...	2
Bolarum . . .	Ditto	...	...	...	...	15	...	51	459	99	...	...	...	624
Hyderabad . .	Ditto	124	43	65	39	30	10	311	554	28	...	...	...	1,204
Jalna . . .	Ditto	...	...	...	...	...	...	11	...	...	...	...	...	11
Aurungabad . .	Ditto	...	...	...	...	...	...	1	...	...	...	...	...	1
TOTAL .	Not stated	124	43	65	39	46	31	374	1,013	127	...	...	...	1,862

STATEMENT No. IX.—*Showing the deaths from* CHOLERA *registered in the Districts of the* MADRAS PRESIDENCY *during each month of 1894.*

DISTRICT.	Population.	NUMBER OF CHOLERA DEATHS REGISTERED IN EACH MONTH.												Total of the year.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Ganjam . . .	1,896,400	51	47	9	2	...	...	...	...	...	...	61	18	188
Vizagapatam . .	1,942,195	90	49	5	...	...	...	...	...	...	...	...	...	144
Godavari . . .	2,077,858	110	165	116	4	...	...	...	...	...	...	...	...	395
Kistna . . .	1,855,024	67	572	442	95	...	1	...	...	...	...	...	...	1,177
Nellore . . .	1,463,357	...	30	31	20	...	...	1	...	...	...	...	7	89
Madras . . .	436,375	18	12	3	1	1	...	...	...	...	...	1	39	75
Chingleput . .	1,199,901	119	53	4	1	7	2	4	...	...	2	...	184	376
South Arcot . .	2,162,336	2,013	910	441	193	96	46	34	33	53	1	32	582	4,434
Trichinopoly . .	1,371,726	2,247	833	228	75	36	1	...	...	1	...	12	113	3,546
Tanjore . . .	2,227,081	6,928	2,258	450	100	16	1	...	1	1	5	...	183	9,943
Madura . . .	1,573,318	1,239	666	378	626	472	159	144	212	161	67	309	1,048	5,481
Tinnevelly . .	1,915,702	2,455	1,154	481	188	206	213	90	624	798	273	254	348	7,084
Kurnool . . .	817,660	...	...	172	184	116	95	85	51	95	5	...	...	803
Cuddapah . .	1,271,721	...	...	...	...	...	...	1	22	102	17	2	...	144
Bellary . . .	909,661	20	3	1	...	...	1	26	1	1	...	...	...	53
Anantapur . .	708,143	...	...	...	8	2	120	117	349	70	33	24	3	726
North Arcot . .	2,113,585	1,088	433	101	62	40	39	105	71	4	11	...	265	2,219
Salem . . .	1,961,784	1,070	426	117	128	15	...	...	...	...	4	169	214	2,143
Coimbatore . .	2,003,911	1,239	262	56	33	89	191	36	...	...	7	5	48	1,966
Nilgiris . . .	96,765	26	3	...	...	...	...	...	...	...	...	...	...	29
South Canara . .	1,052,002	98	31	...	...	...	...	...	...	...	...	...	...	129
Malabar . . .	2,636,674	152	315	153	163	86	28	5	23	91	43	45	41	1,145
TOTAL .	33,693,179	19,030	8,222	3,188	1,883	1,182	897	648	1,387	1,377	468	914	3,093	42,289

Appendix A to Section VI—*continued.*

STATEMENT NO. X.—*Showing the deaths from* CHOLERA *registered in the Districts of the* BOMBAY PRESIDENCY *during each month of 1894.*

DISTRICT.	Population.	NUMBER OF CHOLERA DEATHS REGISTERED IN EACH MONTH.												Total of the year.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Bombay City	806,144	1	1	2	8	52	60	133	129	21	8	3	2	420
Tanna	818,967	18	1	68	36	311	494	188	57	27	65	38	26	1,329
Colaba	594,779	78	8	11	5	325	753	1,740	653	146	7	84	30	3,840
Surat	649,824	...	...	...	50	474	231	169	4	1	32	113	16	1,090
Ahmedabad	920,928	...	...	...	...	2	2	...	49	3	...	...	...	56
Broach	341,450	...	...	...	203	321	131	43	41	15	24	4	...	782
Panch Mahals	313,381	...	...	...	...	...	...	...	...	3	39	7	...	49
Kaira	871,529	1	...	...	...	2	32	9	68	48	...	...	...	160
Khandesh	1,460,319	51	46	148	218	556	258	1,593	1,188	52	10	...	...	4,120
Ahmednagar	887,656	...	...	...	29	772	494	393	204	76	9	...	...	1,977
Nasik	841,087	1	5	277	708	522	165	95	82	11	...	...	...	1,866
Sholapur	750,255	...	...	...	440	1,606	401	94	53	12	...	1	7	2,614
Satara	1,225,511	...	...	...	228	2,944	1,095	132	143	38	...	...	...	4,580
Bijapur	796,286	...	...	...	...	149	626	401	210	32	2	...	1	1,421
Belgaum	1,011,453	...	...	...	27	275	517	365	111	47	29	26	...	1,397
Dharwar	1,050,533	...	...	...	4	4	231	395	71	47	15	1	...	768
Kanara	446,156	...	...	...	...	...	40	28	...	...	...	...	...	68
Ratnagiri	1,105,862	...	...	...	...	28	555	1,105	366	63	45	...	10	2,172
Poona	1,061,449	...	1	...	323	2,745	908	478	335	76	13	...	...	4,879
Thar and Parkar	332,401	...	...	...	...	...	...	...	...	...	...	...	...	...
Shikarpur	915,058	...	...	...	...	...	...	...	...	...	...	...	...	...
Karachi	561,013	...	...	...	...	...	...	...	...	...	...	...	...	...
Hyderabad	883,836	...	...	...	...	...	...	...	...	...	...	...	...	...
Upper Sind	174,469	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL	18,820,346	150	62	506	2,279	11,088	6,993	7,361	3,764	718	298	277	92	33,588

STATEMENT NO. XI.—*Showing the deaths from* CHOLERA *registered in the Districts of* LOWER BURMA *during each month of 1894.*

DISTRICT.	Population.	NUMBER OF CHOLERA DEATHS REGISTERED IN EACH MONTH.												Total of the year.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Akyab	416,305	52	137	108	257	189	80	102	181	55	233	288	99	1,781
Kyaukpyu	163,832	9	19	3	14	19	45	799	450	397	185	71	61	2,072
Sandoway	77,134	...	1	...	...	1	...	61	60	55	14	5	29	226
Hanthawaddy	447,363	5	14	7	6	4	9	...	...	3	10	4	1	63
Pegu	301,420	1	16	7	1	16	...	...	...	...	...	...	5	46
Tharrawaddy	347,454	78	13	12	...	3	2	...	10	2	31	33	26	210
Prome	360,252	...	...	...	...	...	5	1	27	2	...	...	...	35
Thongwa	333,443	56	122	60	62	86	28	14	13	8	12	14	...	475
Bassein	299,466	...	5	12	18	15	27	93	20	41	13	16	...	260
Henzada	438,131	1	1	...	7	1	21	73	146	55	16	13	5	339
Myaungmya	217,878	20	25	38	46	36	20	34	13	4	2	7	...	245
Amherst	417,312	...	1	81	239	43	16	91	12	11	15	15	57	581
Tavoy	94,921	...	...	...	1	2	3	...	...	...	...	...	...	6
Mergui	73,748	...	...	...	10	83	147	119	45	62	78	153	65	762
Shwegyin	198,521	9	8	18	61	...	...	...	...	...	...	...	...	126
Toungoo	134,782	...	...	...	...	...	...	...	...	...	...	...	...	...
Thayetmyo	194,637	...	...	...	1	...	1	63	82	54	...	...	...	201
TOTAL	4,516,599	231	392	346	723	498	404	1,450	1,059	749	609	619	348	7,428

Appendix A to Section VI—*concluded.*

STATEMENT No. XII.—*Showing the deaths from* CHOLERA *registered in the Districts of* AJMERE-MERWARA *during each month of 1894.*

DISTRICT.	Population.	NUMBER OF CHOLERA DEATHS REGISTERED IN EACH MONTH.												Total of the year.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Ajmere . . .	422,359	...	...	...	...	...	...	...	...	...	...	...	...	...
Merwara . . .	119,999	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL .	542,358	...	...	...	...	...	...	...	...	...	...	...	...	...

STATEMENT No. XIII.—*Showing the deaths from* CHOLERA *registered in the Districts of* MYSORE *and* COORG *during each month of 1894.*

DISTRICT.	Population.	NUMBER OF CHOLERA DEATHS REGISTERED IN EACH MONTH.												Total of the year.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
MYSORE.														
Bangalore . .	702,913	2	...	...	...	47	1	...	7	...	...	1	...	58
Kolar . . .	591,030	21	...	...	...	26	9	...	1	...	...	...	...	57
Tumkur . . .	580,786	11	...	...	1	...	...	...	...	...	...	...	...	12
Mysore . . .	1,181,814	57	1	3	2	3	24	10	1	...	...	...	...	101
Hassan . . .	514,952	24	3	1	...	...	23	19	2	...	...	...	...	72
Shimoga . . .	527,981	...	...	...	...	...	...	...	...	...	...	...	...	...
Kadur . . .	330,063	...	6	...	...	...	...	...	...	...	...	...	...	6
Chitaldroog . .	413,984	...	4	18	...	...	...	...	...	...	...	...	...	22
TOTAL .	4,843,523	115	14	22	3	76	57	29	11	...	...	1	...	328
COORG.														
Coorg . . .	173,055	8	...	...	...	...	...	...	...	...	...	...	...	8
GRAND TOTAL .	5,016,578	123	14	22	3	76	57	29	11	...	...	1	...	336

Appendix B to Section VI.

Statement showing the number of attendants on cholera cases treated in the Hospitals of European and Native Regiments and in Jails during 1894 and the number of these attacked by cholera.

No.	Station.	Community.	Number of cases of cholera treated.	Medical Officers, Hospital Assistants, and other attendants on cholera cases.	
				Number.	Number of these attacked with cholera.
		European Troops.			
1	Dum Dum	2nd Royal Sussex Regiment	2	10	1
2	Dinapore	2nd Battalion, Manchester Regiment	19	20	None.
3	Ditto	70th Field Battery, R.A.	1	10	None.
4	Benares	European troops	1	8	None.
5	Lucknow	Garrison	148	98*	1
6	Sitapur	Northumberland Fusiliers	1	5	None.
7	Fatehgarh	Garrison	1	7	None.
8	Cawnpore	European troops	19	49	1
9	Allahabad	Station Hospital	11	13	None.
10	Allahabad Fort	1st R. I. Fusiliers	1	8	None.
11	Shahjahanpur	2nd Battalion, Essex Regiment	1	6	None.
12	Moradabad	Ditto, Ditto	1	7	None.
13	Camp Mozaffarnagar	1st Duke of Cornwallis Light Infantry	3	10	None.
14	Umballa	Station Hospital	1	About 12	None.
15	Dagshai	Cantonments	2	14	None.
16	Kirkee	Station Hospital	3	11	None.
17	Deolali	Indian Staff	1	16	None.
18	Meiktila	Dett. 2nd Battalion, R. I. Fusiliers	2	7	1
		TOTAL	218	311	4
		Native Troops.			
1	Benares	5th B. L. I.	2	5	None.
2	Fyzabad	4th B. I.	4	5	None.
3	Lucknow	7th B. C.	7	16	None.
4	Ditto	7th (D. C. O.) B. I.	7	21	None.
5	Ditto	9th Goorkha Rifles	12	27	1†
6	Ditto	Cantonment Hospital	21	7	1
7	Cawnpore	3rd B. I.	5	8	None.
8	Ditto	4th B. C.	2	12	None.
9	Allahabad	8th B. C.	3	7	None.
10	Rawal Pindi	30th P. I.	1	8	None.
11	Kohat	6th P. I.	1	7	None.
12	Goona	2nd Regiment, C. I. Horse	1	6	None.
13	Sirdarpore	Malwa Bhil Corps (Camp Followers)	7	18	None.
14	Sirur	4th Bombay Cavalry, Poona Horse	2	7	None.
15	Satara	10th Bombay L. Infantry	37	56	1†
16	Ellichpur	3rd Infantry, H. C.	2	9	None.
17	Aurangabad	4th Ditto	2	8	None.
18	Hingoli	1st Ditto	5	14	None.
19	Mominabad	2nd Lancers, H. C.	2	14	None.
20	Bolarum	4th Ditto	3	8	None.
21	Ditto	No. 2 Field Battery, H. C.	2	7	None.
22	Jalna	6th Infantry, H. C.	6	14	2
		TOTAL	134	284	5
		JAILS.			
1	Calcutta	Presidency Jail	1	8	None.
2	Ditto	Ditto	1	7	None.
3	Howrah	Sub-Jail	1	6	None.
4	Alipore	Central Jail	3	10	None.
5	Barasat	Sub-Jail	7	6	None.
6	Daltangunj	Jail	7	7	1†
		Carried over	20	44	1

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* Besides these there were many more temporary servants in camp who deserted.

† Sweeper.

Appendix B to Section VI—*concluded.*

Statement showing the number of attendants on cholera cases treated in the Hospitals of European and Native Regiments and in Jails during 1894, and the number of these attacked by cholera—concluded.

No.	Station.	Community.	Number of cases of cholera treated.	Medical Officers, Hospital Assistants, and other attendants on cholera cases.	
				Number.	Number of these attacked with cholera.
		Brought forward .	20	44	1
		Jails—*concluded.*			
7	Berhampore	Civil Jail	1	3	None.
8	Burdwan	Jail	2	11	None.
9	Barisal	Ditto	1	5	None.
10	Dacca	Ditto	3	6	None.
11	Manikganj	Sub-Jail	1	6	None.
12	Cuttack	Jail	1	5	None.
13	Puri	Inter.-Jail	8	12	None.
14	Balasore	Jail	3	4	None.
15	Monghyr	Jail	3	14	None.
16	Jamui	Sub-Jail	7	6	None.
17	Singhbhoom	Inter-Jail	36	12	None.
18	Gya	Jail	26	17	None.
19	Arrah	Ditto	2	6	None.
20	Buxar	Sub-Jail	1	4	None.
21	Darbhanga	Jail	9	25	None.
22	Ditto	Ditto	2	10	None.
23	Gorakhpur	Old Jail	9	About 18	1*
24	Unao	Jail	5	7	None.
25	Fatehgarh	Central Jail	58	21	6†
26	Ditto	District Jail	9	13	None.
27	Ditto	Sausia Reformatory	1	6	None.
28	Cawnpore	Jail	2	8	None.
29	Banda	Ditto	3	12	None.
30	Bareilly	Central Jail	1	6	None.
31	Akyab	Jail	16	7	None.
32	Ditto	Ditto	2	8	None.
33	Kyaukpyu	Ditto	18	4	None.
34	Henzada	Ditto	1	6	None.
35	Maubin	Ditto	1	2	None.
36	Rangoon	Ditto	1	6	None.
37	Thayetmyo	Ditto	1	6	None.
38	Myingyan	Ditto	1	6	None.
39	Pagan	Ditto	2	8	1
40	Minbu	Ditto	1	3	None.
41	Mandalay	Ditto	29	12	None.
		Total .	287	349	9
		GRAND TOTAL .	639	944	18

* Sweeper.
† Including one sweeper.

Appendix C to Section VI.

Statistics of charitable medical relief in the different Provinces of India for the year 1894.

PROVINCE.	NUMBER OF DISPENSARIES.				Population. Census of 1891.	Area in square miles.	Total number of patients treated.	ONE DISPENSARY.		COST OF MEDICAL RELIEF.			REMARKS.
	1st class.	2nd class.	3rd class.	TOTAL.				To population.	To area in square miles.	Direct contributions by Government.	Paid from local sources.*	TOTAL.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Bengal	28	184	171	383	70,665,427†	144,410‡	2,285,450	184,505	377	76,918	6,19,184	6,96,102	
Assam	7	85	1	93	5,476,833	29,433‡	503,984	58,891	316	43,283	1,39,863	1,83,146	
North-Western Provinces and Oudh	2	262	72	336	46,905,085	107,625‡	3,941,761	139,598	320	3,14,767	4,18,748	7,33,515	
Punjab	4	242	7	253	20,860,913	110,463‡	3,479,923	82,454	437	20,472	5,07,296	5,27,768	
Central Provinces	6	80	31	117	12,944,805	71,582‡	1,202,497	110,639	612	52,182	1,20,339	1,72,521	
Berar	37	1	...	38	2,897,040	16,068‡	293,341	76,238	423	38,449	21,979	60,428	
Lower Burma	2	39	...	41	4,658,627	78,366‡	355,897	113,625	1,911	12,499	2,69,592	2,82,091	
Upper "	30	17	...	47	3,439,387	83,473§	2,15,028	73,178	1,776	48,324	51,005	99,329	
Madras	14	434	25	473	34,336,196	124,943‡	3,735,269	72,592	264	98,160	9,09,824	10,07,984	
Bombay	40	161	95	296	26,094,594	124,130‡	2,327,598	88,157	419	3,16,026	3,43,669	6,59,695	
Coorg	...	2	5	7	173,055	1,583‡	35,071	28,151	226	3,200	11,896	15,096	
TOTAL	170	1,507	407	2,084	228,451,962	892,076	18,375,819	1,028,028	7,081	10,24,280	34,13,395	44,37,675	

* Mainly by Municipalities and District and Local Boards, provision for which is made in the allotments from Provincial Funds. The differences in proportions between the entries in columns 11 and 12 are due to different ways of contributing followed by the several Local Governments and Administrations: some contributing directly, others doing so by including their contributions in the grants to Local Bodies for general purposes from Provincial Funds.

† Excluding the population of Calcutta.

‡ As given in the Sanitary Report for 1894.

§ As given in the Census Report of Burma for 1891.

SECTION VII.

GENERAL HISTORY OF VACCINATION.

Vaccination in India as a whole.

172. The results of the working of the Vaccination Departments, during 1894-95, in the different provinces, are tabulated in the statements appended to this section.

It should be noted that while the statistics of Ajmere-Merwara have been embodied in them for the first time, the figures of five Native States in Bombay, with an aggregate population of 6,642,065 souls, have been excluded, as the work in those States is not under the supervision of the officers of the Vaccination Department of Bombay.

During 1894-95, 7,616,860 operations were performed in India by all the establishments combined, against 7,493,643 in 1893-94. Of these, 6,991,413 were primary cases, of which 6,550,116 proved successful, and 625,447 were re-vaccinations, with success in 332,342 cases. In Bengal, the North-Western Provinces and Oudh, the Central Provinces, Madras, Lower Burma, and Upper Burma the numbers of vaccinations were greater than in the preceding year.

The average number of operations performed by each vaccinator was, as in the previous year, lowest in Bengal and highest in the Punjab. In the operations performed by the special establishments, the percentages of success in primary cases varied from 87·80 in Assam, to 98·83 in Bengal, and in re-vaccinations, from 27·62 in Bengal, to 80·6 in Madras, and 81·44 in Coorg; and in the operations performed by dispensary establishments, the ratios of success in primary cases ranged between 54·59 per cent. in Coorg and 95·13 in Bengal, and in re-vaccinations between 23·94 in Lower Burma and 73·68 in North-Western Provinces and Oudh. The numbers of infants protected by vaccination were, in every province, with the exceptions of Berar and Coorg, greater than in the preceding year.

The total number of infants under one year of age, successfully vaccinated during the year, was 2,692,885, and of those between one and six years of age, 3,200,454. The corresponding figures for the previous year were, respectively, 2,589,731 and 3,036,785. The state of infant vaccination is still rather backward in Bengal, Assam, Madras and Burma.

It would have been useful to note what proportion of the children born during the year was protected by vaccination, in each province, but the data are not available: the births in provincial Sanitary Reports refer to the calendar year, while the vaccination statistics are compiled for the official year. Moreover, in the Vaccination Reports the statistics include the population of parts of provinces not under registration.

The ratios of the population successfully vaccinated in Assam, the Punjab, Berar, Madras and Coorg were lower in 1894-95 than in 1893-94. The total expenditure on vaccination in the year under report, amounted to R10,92,878, against R11,26,386 in the preceding year, and the average cost of each successful case varied in the different provinces from 1 anna and 6 pies in Bengal, to 6 annas and 2 pies in Bombay.

Particulars regarding the use of different varieties of lymph will be found in the paragraphs in which details regarding vaccination in the various provinces are given.

In the margin of each paragraph a comparative statement is inserted, showing the numbers of persons successfully vaccinated in every 1,000 of the population, and the millesimal death-rates from small-pox.

Bengal.

173. During 1894, the strength of the supervising staff was increased by the addition of six inspectors, and the average number of vaccinators employed was 3,291, against 3,024 in the previous year. Besides these, 284 vaccinators were employed by municipalities and at dispensaries, etc.

The average number of operations performed by each vaccinator fell from 632, in 1892-93, and 579 in 1893-94, to 525 in 1894-95.

The total number of operations performed was 2,174,097, of which 2,106,142 were cases of primary vaccination, and 67,955 were re-vaccinations.

YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*	YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated. per 1,000 of population.*
1877 .	0·13	14·79	1886 .	0·06	29·68
1878 .	0·20	18·95	1887 .	0·05	30·41
1879 .	0·38	39·41	1888 .	0·09	29·51
1880 .	0·38	34·81	1889 .	0·13	28·79
1881 .	0·40	30·06	1890 .	0·19	28·64
1882 .	0·20	28·38	1891 .	0·23	22·63
1883 .	0·14	27·38	1892 .	0·31	24·52
1884 .	0·28	28·94	1893 .	0·20	24·54
1885 .	0·14	25·76	1894 .	0·11	27·98

* The ratios of successful vaccinations refer to official year (April to March).

The percentage of success in the operations performed by the special establishment was, in primary cases, 98·83 and in re-vaccinations 27·62, against 95·13 and 53·59 in operations of the members of the dispensary and other establishments. The extraordinary percentage of success in primary operations is explained by the fact that vaccinators do not record unsuccessful cases, and this of course explains to some extent the small number of operations performed. Steps are being taken to ensure a discontinuance of this dishonest practice.

The number of children under one year of age who were successfully vaccinated, was 405,065, against 363,942 in 1893-94, but, notwithstanding this increase, the percentage of success among children born, estimated at 40 per mille of the population, was only 14·2.

Three methods of vaccination are practised in Bengal—

(1) with lymph taken directly from the calf;
(2) with calf lymph prepared with lanoline;
(3) with lymph taken from the vesicles of vaccinated children.

A comparative statement is given by the provincial Sanitary Commissioner showing the percentage of success achieved in the use of the different methods in the various districts; but, as the figures "cannot be accepted as altogether trustworthy," no deduction from them is permissible.

The animal vaccine depôts at Calcutta and Darjeeling are said to have worked well. In August, the Nepal Darbar asked for a supply of lanoline vaccine paste, in order to introduce vaccination on a large scale, and arrangements have been made to provide the Darbar with a regular supply.

The total cost of the vaccination establishment rose from R1,80,200 in 1893-94, to R1,95,218 in 1894-95; but the average cost of each successful operation fell from one anna and seven pies, to one anna and six pies.

Assam.

174. The average number of vaccinators at work during the year was 230, or thirteen more than in 1893-94. The number of operations performed by them was 181,477, or 2,949 less than in the previous year. Of these, 177,492 were cases of primary vaccination, and 3,985 were re-vaccinations, the percentages of success having been, respectively, 87·80 and 61·25. The medical officers and subordinates attached to the various dispensaries performed 11,842 primary vaccinations, with success in 81·72 per cent., and 460 re-vaccinations, of which 64·57 per cent. were successful. Besides these, 5,358 primary operations, of which 70·02 per cent. were successful, were performed by medical officers employed on tea-plantations. There were 40,082 infants under one year of age protected, as compared with 37,112 in 1893-94, and 90,464 children between the ages of one and six, or 2,945 more than in the previous year.

YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*	YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*
1877	0·3	4·51	1886	0·12	24·04
1878	0·3	6·42	1887	0·26	24·01
1879	0·37	8·00	1888	0·45	25·38
1880	0·59	5·27	1889	0·49	24·49
1881	0·69	8·91	1890	0·31	26·92
1882	0·71	10·53	1891	0·47	29·93
1883	1·36	15·19	1892	0·29	31·51
1884	1·06	18·67	1893	0·53	28·33
1885	0·44	22·31	1894	0·80	28·09

* The ratios of successful vaccinations refer to official year (April to March).

The demand for lymph from the Animal Lymph Depôt at Shillong was unprecedentedly large, and, in his endeavours to cope with the demand, the Superintendent had to supply lymph which had passed through calves for four or even five generations, without being strengthened by the addition of humanized lymph. This led to the supply being of inferior quality, and it was found necessary to send to Darjeeling for lymph for the use of Civil Surgeons. Arrangements have been made to obviate for the future the necessity for the issue of any lymph 'older' than the third generation.

The total cost of the Vaccination Department was R18,833, or R834 more than in 1893-94, and the cost of each successful case rose from R0-1-11$\frac{2}{3}$, to R0-2-4.

North-Western Provinces and Oudh.

175. Although there were twenty fewer vaccinators than in 1893-94, the number of operations rose from 1,365,373 to 1,422,479 and the average number performed by each operator, from 1,610 to 1,718. This is the more satisfactory inasmuch as "under the new system of extensive check and test of results by Civil Surgeons no irregularities of importance have been discovered."

The total number of primary operations was 1,396,849, and of re-vaccinations 25,630, of which 93·68 and 63·22 per cent., respectively, are reported to have been successful. Besides

YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*	YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*
1877	0·84	19·40†	1886	0·24	14·05
1878	3·99	14·74	1887	0·19	14·93
1879	1·72	12·42	1888	0·56	15·14
1880	0·19	12·93	1889	1·09	16·09
1881	0·39	15·59	1890	1·26	19·48
1882	0·60	13·69	1891	0·56	19·10
1883	3·14	12·94	1892	0·16	20·34
1884	4·59	12·88	1893	0·13	25·38
1885	0·33	13·50	1894	0·09	26·81

* The ratios of successful vaccinations refer to official year (April to March).
† Excluding Oudh.

these, 1,224 operations were performed by medical subordinates attached to dispensaries, a number no less than 2,183 less than that performed by the same agency in the preceding year.

The number of infants under one year successfully vaccinated was 562,481, against 522,658 in 1893-94. This means that rather less than one-third of the children born during the year were protected.

The Vaccination Act is now in force in every municipality in the provinces except Bhinga, but in the majority full effect is not given to its provisions. In the review of their provincial Sanitary Commissioner's report, the Local Government indicate what is to be expected if the Act is strictly enforced.

> "The ratio per mille of vaccinations will show a sudden rise, owing to the vaccination of all children under the age of 14 years, if boys, and 8 years, if girls, and will gradually decline till it remains at about the same figure as the birth-rate. Allowing for mortality among infants, it should not be much lower than the birth-rate."

In these provinces vaccination is almost entirely carried on from arm to arm. Calf vaccine was used to a very limited extent in the First Circle, a total of 96 successful cases being reported from Meerut, Aligarh, Agra, and Mainpuri. In the Second Circle, 17,988 operations were performed with bovine lymph, and the percentage of successful results was 82·57. In the Third Circle, calf vaccine was used only in Allahabad city, where 5,662 operations were performed with it, of which 84·82 per cent. were successful.

The total cost of the Department fell from R1,58,997, in 1893-94, to R1,55,786, and the average cost of each successful case from 2 annas and 1 pie, to 1 anna and 11 pies.

Punjab.

176. While the number of vaccinators remained about the same as in 1893-94 and the number of Native supervisors was reduced by one, five divisional inspectors were entertained. These inspectors have brought to light many irregularities and cases of falsification of the returns by vaccinators. Stringent measures have been adopted to end abuses of this nature.

The number of operations performed, including those in cantonments, was 909,842, or 146,963 fewer than in 1893-94, but the falling off was in re-vaccination, for the number of primary operations was 657,582, or 72,420 more than in that year. The percentage of success in primary vaccinations was 93·73, and in re-vaccinations 47·61, against 94·30 and 48·80 respectively in 1893-94. The number of re-vaccinations in the Kangra District was again very large, but the result of inquiry into the extraordinary high figures of 1893-94 shows that there is no reason to call their accuracy in question. The large number of persons re-vaccinated in this district is due to the personal influence and exertions of Pandit Bal Kishen, an experienced and energetic officer of the Department.

YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*	YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*
1877 .	0·70	23·70	1886 .	0·57	30·52
1878 .	2·30	21·23	1887 .	0·87	32·36
1879 .	2·83	17·34	1888 .	0·90	40·84
1880 .	0·52	21·41	1889 .	0·42	40·13
1881 .	0·38	35·62	1890 .	0·47	37·15
1882 .	0·34	25·15	1891 .	0·17	33·24
1883 .	0·64	31·08	1892 .	0·54	33·25
1884 .	0·87	28·68	1893 .	0·20	37·72
1885 .	0·40	29·93	1894 .	0·30	35·48

* The ratios of successful vaccinations refer to official year (April to March).

There were 472,307 infants protected during the year, or about 57 per cent. of those born, reckoning the birth-rate at 40 per thousand.

In this province 88 per cent. of the vaccinations were performed with animal lymph.

By the special staff 79,796 vaccinations were performed with animal lymph, an increase of 3,092 as compared with 1893-94. Of these, in 1,206 operations, donkey lymph was used, and in three, goat lymph. The Deputy Sanitary Commissioner reports that donkey lymph has been used by the special staff for the last five years, and has yielded very satisfactory results. It is employed in places where high-caste Hindus refuse to use buffalo lymph; but it is found that, as Hindustan proper is approached, the Hindus consider the donkey to be an unclean animal, and refuse to be vaccinated from it.

The cost of the Department was R80,817, against R74,151 in the previous year, and the cost of each successful operation was 1 anna and 9 pies against 1 anna and 6 pies.

Central Provinces.

177. Omitting from consideration the feudatory State of Chhuikhadan, from which no detailed information on the subject has been received, the total number of vaccinations performed in 1894-95, was 470,592, or 31,243 more than in the previous year.

The increase in primary operations was 36,904, there having been much fewer re-vaccinations than in 1893-94. The percentage of success in primary cases was 96·42, against 95·48, in the preceding year, and in re-vaccinations 78·18, against 79·87. The average number of operations performed by each vaccinator was 1,816, or 100 more than in the previous year.

YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*	YEAR.	Death-rate from small-pox per 1,000 of population.	Number succcessfully vaccinated per 1000 of population.*
1877 . .	0·37	37·68	1886 . .	0·31	34·32
1878 . .	2·18	37·41	1887 .	0·38	36·49
1879 . .	3·44	34·89	1888 . .	1·22	37·51
1880 . .	0·69	38·45	1889 . .	1·99	34·87
1881 . .	0·24	47·64	1890 . .	0·26	37·94
1882 . .	0·45	36·48	1891 . .	0·08	38·25
1883 . .	0·53	36·37	1892 . .	0·10	34·25
1884 . .	0·55	36·01	1893 . .	0·17	33·78
1885 . .	0·38	32·15	1894 . .	0·16	36·58

* The ratios of successful vaccinations refer to official year (April to March).

The number of infants under one year of age protected, was 262,916, or 54·2 per cent. of the number born, estimating the number of births at 40 per thousand of the population.

Vaccination by means of calf lymph has made steady progress throughout the province, and in some districts has almost entirely superseded the use of humanized lymph.

Eighteen tubes of calf lymph were procured from England and distributed to Civil Surgeons; fourteen reported favourably on it, one did not use it, and in the hands of three it failed.

From the 1st of October to the 29th of November, lanoline vaccine paste was prepared at Pachmarhi, by the Native Superintendent of Vaccination of Hoshangabad. The paste was prepared of the strength of one to six of lanoline Of this paste, 6,090 grains were prepared at a cost of R149-4-0, and a quantity was sent to every district.

The total cost of vaccination fell from R54,178 in 1893-94, to R53,541, and the average cost of each successful case from 2 annas and 1¼ pie to 1 anna and 11⅙ pies.

Berar.

178. The total number of vaccinations fell from 137,152 in 1893-94, to 114,639 in 1894-95, and the average number performed by each vaccinator from 3,117 to 2,605. The falling off in the number of primary operations, of which 93,296 were performed, or 4,490 less than in the previous year, is ascribed to the low birth-rate of the year and a sickly season. The percentage of success obtained was 94·7 per cent. in primary operations, and 23·1 per cent. in re-vaccinations.

YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*	YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of populat ion.
1877 . .	2·9	35·6	1886 . .	0·04	35·6
1878 . .	2·7	20·8	1887 . .	0·1	35·2
1879 . .	0·03	28·30	1888 . .	0·3	36·6
1880 . .	0·02	31·70	1889 . .	0·7	35·40
1881 . .	0·1	30·8	1890 . .	0·1	36·8
1882 . .	0·1	36·1	1891 . .	0·01	36·0
1883 . .	1·5	30·33	1892 . .	0·02	37·
1884 . .	0·02	37·0	1893 . .	0·06	35·0
1885 . .	0·09	36·2	1894 . .	0·3	32·2

* The ratios of successful vaccinations refer to official year (April to March).

The number of infants protected was 63,952, or about 55·2 per cent. of the number born, calculating births at the rate of 40 per thousand of the population.

The total expenditure was R17,577, against R17,495 in the previous year, the trifling increase being, it is explained, due to expenditure incurred in the preparation of lanoline-vaccine paste It is not stated what proportion of the vaccinations was performed with animal lymph.

The cost of each successful case rose from 2 annas and 9 pies to 3 annas.

Madras.

179. The average number of vaccinators employed in Madras in 1894-95 was 806, or 15 less than in the previous year; but the number of operations rose from 1,150,319 to 1,172,512, and the number of operations performed by each man from 1,381 to 1,455. There were 1,092,405 primary operations performed, of which 93·4 per cent. were successful; of the 80,107 re-vaccinations, 80·6 per cent. succeeded. Besides these, the medical subordinates attached to the dispensaries performed 24,415 primary vaccinations, and 1,995 re-vaccinations, of which 87·4 and 69·3 per cent., respectively, were successful. The number of infants protected was 297,723, or 20·8 per cent. of the estimated number of births, as compared with 16·9 per cent. in the previous year. Of the total number of operations 97·1 per cent. were performed with animal lymph, of which the details are as follow :—

YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*	YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*
1877 . .	3·02	21·	1886 . .	0·6	21·1
1878 . .	1·9	14·	1887 . .	0·7	22·1
1879 . .	0·6	13·	1888 . .	0·8	24·4
1880 . .	0·5	18·	1889 . .	1·0	26·1
1881 . .	0·5	16·7	1890 . .	1·0	27·9
1882 .	0·6	19·22	1891 . .	1·4†	30·2
1883 . .	0·3	21·9	1892 . .	1·3	28·7
1884 . .	2·1	23·0	1893 . .	0·8	30·0
1885 . .	1·2	22·3	1894 . .	0·3	29·7

* The ratios of successful vaccinations refer to official year (April to March).
†Calculated on the census figures of 1881.

Vaccination direct from the calf .	378,955	cases, with	97·4	per cent.	of success.
Vaccination by means of animal lymph preserved in glass tubes or plates .	142,899	,,	94·1	,,	,,
Vaccination by means of animal lymph preserved with glycerine . .	642,296	,,	89·2	,,	,,

The total cost amounted to R2,37,101, against R2,40,379, in 1893-94, but the average cost of each successful case, 3 annas and 7 pies, was exactly the same in both years.

Coorg.

180. The number of vaccine operations fell from 11,542 in 1893-94 to 8,587. Several reasons probably contributed to this decrease, the absence of epidemic small-pox, the fact that the people have learned that they are not required to have children vaccinated till they are six months old, and the remissness of the inspector seem to have been the main factors. There were in all 7,276 primary operations performed and 1,311 re-vaccinations, with success at the rates of 90·50 and 73·15 per cent. The number of infants protected was 644, against 1,102 in 1893-94. As in the previous year, all vaccinations were performed with calf lymph.

The cost of vaccination was R2,643, or R115 less than in 1893-94, but the average cost of each successful case rose from 4 annas and 5 pies to five annas and 10 pies.

Bombay.

181. As vaccination in the Native States of Baroda, Cutch, Kathiawar, Palanpur, and Idar is not under the supervision of the department in Bombay, the statistics relating to the work in these States are not included as in former years in the returns for the Presidency; no attempt is therefore made to compare the results obtained in 1894-95 with those obtained in the previous year.

In all 768,229 operations were performed during the year. Of these 708,357 were primary and 58,572 were re-vaccinations, the success attained having been respectively 93·52 and 58·10 per cent., and 1,300 were repetitions, undertaken on account of the failure of first operations. Besides these, 1,313 primary and 235 re-vaccinations were performed by dispensary establishments. There were 520,074 infants protected, equal to 57·3 per cent. of the estimated number of births. Animal lymph was used exclusively in the city of Bombay, and it was used in Poona, Sholapur, Ahmednagar, Karachi, and in selected towns and *talukas* of the Western, Central and Southern Registration Districts.

YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*	YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*
1877 . .	1·69	26·58	1886 . .	0·05	32·30
1878 . .	0·28	22·30	1887 . .	0·23	33·54
1879 . .	0·07	23·15	1888 . .	0·22	34·07
1880 . .	0·06	25·25	1889 . .	0·43	34·34
1881 . .	0·03	27·88	1890 . .	0·17	33·59
1882 . .	0·10	30·18	1891 . .	0·08	31·78
1883 . .	0·81	31·01	1892 . .	0·15	30·71
1884 . .	0·88	30·39	1893 . .	0·19	30·10
1885 . .	0·16	32·45	1894 . .	0·17	30·68

* The ratios of successful vaccinations refer to official year (April to March).

The cost of each successful case was annas 6·2.

In the five Native States named above 202,565 primary operations and 6,201 re-vaccinations were performed, with success in 95·44 and 64·54 per cent. of the cases respectively. The total number of infants protected was 157,165.

Lower Burma.

182. The number of operations rose from 175,808 in 1893-94, to 206,092 in the year under review, and the average number performed by each vaccinator from 2,254 to 2,677. Of

the number of vaccinations, 153,631 were primary and 52,461 cases of re-vaccinations, the percentages of success, respectively, having been 90·92 and 47·95. The number of operations performed in dispensaries was 1,968, or 420 more than in the preceding year, and the ratios of success 94·46 per cent. in primary operations and 23·94 in re-vaccinations. There were 27,931 infants, or 15 per cent. of the estimated number of children born, protected.

YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*	YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*
1877 . .	0·41	6·66	1886 . .	0·03	14·69
1878 . .	0·47	9·25	1887 . .	0·06	16·70
1879 . .	0·74	11·79	1888 . .	0·16	19·79
1880 . .	1·73	11·00	1889 .	0·77	26·67
1881 . .	0·48	11·	1890 . .	1·01	24·36
1882 . .	0·21	12·50	1891 . .	0·29	21·42
1883 . .	0·19	16·70	1892 . .	0·32	25·79
1884 . .	1·67	19·95	1893 . .	0·68	30·35
1885 . .	0·58	13·46	1894 . .	0·38	35·38

* The ratios of successful vaccinations refer to official year (April to March.)

The cost of the Department rose from R33,390 in 1893-94, to R36,841 in 1894-95, but the average cost of each successful case fell from 3 annas and 9 pies to 3 annas and 7 pies.

Upper Burma.

183. In the Upper province the number of vaccinators was 48, against 46 in the previous year. The number of vaccinations performed by the special establishment was 114,863, against 98,726 in the preceding year. Of the total, 88·91 per cent. of 98,641 primary cases proved successful, and 45·59 per cent. of the re-vaccinations. The subordinates attached to dispensaries vaccinated 4,957 persons against 2,694 in 1893-94, 90·44 per cent. of the primary operations, and 62·80 of the re-vaccinations having been successful. The number of infants protected was 30,928. The total cost of the Department rose from R15,212 in 1893-94, to R16,781, but the average cost of each successful case fell from 2 annas and 11 pies to 2 annas and 8 pies.

The Vaccine Depôt at Rangoon is reported to have been less successful than usual in the preparation of bovine lymph. In consequence of complaints made by Civil Surgeons of the quality of the lymph supplied, greater recourse than usual was made to the Vaccine Depôt at Mysore, the supplies from which invariably gave satisfaction.

Ajmere-Merwara.

184. In this part of Rajputana 13,356 persons were vaccinated, and in the cases of 13,187 the operation proved successful. The ratio of success in primary cases was 98·80 per cent., and in re-vaccinations 52·63 per cent. There were 8,782 infants, or about 40·5 per cent. of the number estimated to have been born, protected.

YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.	YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.
1879 . .	1·00	10·	1887 . .	·96	22·
1880 . .	1·67	9·	1888 . .	1·48	22·
1881 . .	4·04	11·	1889 . .	3·66	20·
1882 . .	1·56	10·04	1890 . .	·68	26·35
1883 . .	1·25	10·	1891 . .	1·03	23·75
1884 . .	2·06	8·	1892 . .	3·05	19·99
1885 . .	2·83	7·	1893 . .	·13	22·34
1886 . .	2·47	16·	1894 . .	·81	24·30

The total cost of vaccination was R1,610, each successful case having cost 1 anna and 11 pies.

Compulsory Vaccination Act.

185. A list of all towns and cantonments where the compulsory Vaccination Act is in force, is given as Appendix B to this section.

In Bengal, in 1894, the Act was extended to certain rural areas in Burdwan and Chota Nagpur.

In the North-Western Provinces and Oudh, it is now extended to all the municipal towns, except Bhinga.

The places where the Act has been introduced for the first time during 1894 are distinguished by an asterisk.

Vaccination among troops.

186. The results of vaccination among the European and Native troops are summarized in statement VII of Appendix A to this section.

Appendix A to Section VII.

STATEMENT No. I.—*Showing the strength of the Special Vaccination Establishments in each province and the total number of persons vaccinated by them during the year 1894-95.*

PROVINCE.	Population among whom vaccination was carried on (census of 1891).	Average population pe square mile.	STAFF.						TOTAL NUMBER OF PERSONS VACCINATED.			Average number vaccinated by each vaccinator.
			Sanitary Commissioner.	Deputy Sanitary Commissioner.	Superintendent.	Deputy Superintendent.	Native Superintendent.	Average number of vaccinators employed during the year.	Male.	Female.	TOTAL.	
Bengal	71,092,454	392	1	3	(a) 48	63	157	3,291	1,070,542	987,089	2,057,631	525
Assam	5,634,258	116	1	...	(a) 12	...	17	230	98,667	82,810	181,477	789
North-Western Provinces and Oudh	47,146,033	422	1	3	(a) 48	...	49	828	732,606	689,873	1,422,479	1,718
Punjab	20,553,982	186	1	1	(a) 31	6	34	298	494,674	405,907	900,581	3,022
Central Provinces	12,131,300	124	1	...	(a) 19	...	27	257	242,962	227,630	470,592	1,816
Berar	2,897,040	192	1	...	...	...	7	44	66,492	48,147	114,639	2,605
Madras Presidency	35,830,282	261	1	1	...	34	24	806	629,713	542,799	1,172,512	1,455
Coorg	173,055	109	(b) 1	...	...	...	1	9	4,935	2,880	7,815	868
Bombay Presidency*	22,701,942	143	1	5	2	...	42	431	405,384	361,545	(c) 768,229	1,779
Burma { Lower	4,658,627	52	1	...	(a) 20	1	6	77	131,547	74,545	206,092	2,677
Burma { Upper	3,474,361	28		...	(a) 20	1	...	48	58,418	56,445	114,863	2,393
Ajmere Merwara	542,358	200	1†	...	(a) 1	...	1	12	6,971	6,385	13,356	1,113

(a) Civil Surgeons. (b) Surgeon to the Chief Commissioner of Coorg. (c) Including 1,300 secondary vaccinations.
* Excluding the statistics of the Native States of Baroda, Cutch, Kathiawar, Palanpur, and Idar.
† Administrative Medical Officer.

STATEMENT No. II.—*Showing the proportion of successful cases in primary vaccinations and re-vaccinations performed by the Special Vaccination Establishment in each province during the year 1894-95.*

PROVINCE.	PRIMARY VACCINATION.				RE-VACCINATION.		PERCENTAGE OF SUCCESSFUL CASES.	
	TOTAL.	Successful.			TOTAL.	Successful.	Primary.	Re-vaccination.
		—1	—6	Total of all ages.				
Bengal	2,010,829	382,744	1,366,124	1,979,395	46,802	10,146	98·83	27·62
Assam	177,492	38,707	86,082	155,837	3,985	2,441	87·80	61·25
North-Western Provinces and Oudh	1,396,849	562,093	574,024	1,247,704	25,630	16,203	93·68	63·22
Punjab	651,570	471,441	135,126	610,708	249,011	118,559	93·73	47·61
Central Provinces	416,085	253,189	130,106	401,186	54,507	42,612	96·42	78·18
Berar	93,296	63,952	22,227	88,322	21,343	4,939	94·7	23·1
Madras Presidency	1,092,405	293,540	536,970	1,002,434	80,107	60,650	93·4	80·6
Coorg	6,743	618	2,873	6,294	1,072	873	93·24	81·44
Bombay Presidency*	709,644	519,551	133,076	662,471	58,585	34,033	93·52	58·10
Burma { Lower	153,631	27,681	78,904	139,680	52,461	25,154	90·92	47·95
Burma { Upper	110,943	29,666	53,683	98,641	3,920	1,787	88·91	45·59
Ajmere Merwara	13,337	8,782	4,019	13,177	19	10	98·80	52·63

* Excluding the statistics of the Native States of Baroda, Cutch, Kathiawar, Palanpur, and Idar.

Appendix A to Section VII —*continued.*

STATEMENT NO. III.—*Showing the Cost of the Special Vaccination Establishment in each province, the cost of each successful case, and the sources from which the expenses were paid during the year 1894-95.*

Province.	Expenditure.				Paid from						Average cost of each successful case.
	Establishment.	Travelling allowances.	Contingencies.	TOTAL.	Imperial funds.	Provincial funds.	Local funds.	Municipalities.	Native States.	TOTAL.	
	R	R	R	R	R	R	R	R	R	R	R a p
Bengal . .	1,32,671	46,536	16,011	1,95,218	...	1,55,096	1,690	36,850	1,582	1,95,218	0 1 6
Assam . .	15,717	2,785	331	18,833	...	7,914	9,289	729	901	18,833	0 2 4
North-Western Provinces and Oudh	1,35,799	10,833	9,154	1,55,786	...	1,13,368	11,057	23,522	7,839*	1,55,786	0 1 11
Punjab . .	69,666	5,028	6,123	80,817	...	19,757	41,803	18,112	...	† 80,817	0 1 9
Central Provinces.	46,237	5,160	2,144	53,541	...	12,310	34,254	2,483	4,494	53,541	0 1 11⅛
Berar . . .	16,972	61	544	17,577	17,577	...	...	...	...	17,577	0 3 0
Madras Presidency	1,59,241	33,759	44,101	2,37,101	2,107	20,692	1,80,458	32,780	1,064	2,37,101	0 3 7‡
Coorg . . .	1,885	194	564	2,643	...	2,099	...	544	...	2,643	0 5 10
Bombay Presidency	§ 2,29,424	21,034	25,672	2,76,130	...	1,08,895	1,02,032	35,658	28,512	2,76,130‖	0 6 2
Burma { Lower .	26,841	8,446	1,554	36,841	...	2,451	21,886	12,504	...	36,841	0 3 7
Burma { Upper .	13,046	3,151	584	16,781	9,613	304	...	6,864	...	16,781	0 2 8
Ajmere Merwara .	1,580	...	30	1,610	686	248	204	472	...	1,610	0 1 11

* The amount is noted to have been received from "other sources."
† Including R1,145 from Cantonment funds.
‡ Inclusive of pay and allowances of the Inspector of Vaccination and Deputy Sanitary Commissioner.
§ Excluding the statistics of the Native States of Baroda, Cutch, Kathiawar, Palanpur, and Idar.
‖ Including R1,033 from Cantonment funds.

STATEMENT NO. IV.—*Showing the Vaccinations performed by the Dispensary and other Establishments in each province during the year 1894-95.*

Province.	Number of vaccinators attached to dispensaries, &c.	Total number of persons vaccinated.	Average number vaccinated by each vaccinator.	Primary vaccination.				Re-vaccination.		Percentage of successful cases.	
				TOTAL.	Successful.			TOTAL.	Successful.	Primary.	Re-vaccination.
					—1	—6	Total of all ages.				
Bengal . .	284	116,466	410	95,313	22,321	53,319	89,470	21,153	10,812	95·13	53·59
Assam . .	...	12,302	...	11,842	1,375	4,382	9,677	460	297	81·72	64·57
North-Western Provinces and Oudh	...	1,224	...	1,205	388	402	920	19	14	84·79	73·68
Punjab . .	...	2,274	...	1,083	866	141	1,007	1,191	443	92·98	37·20
Central Provinces.	...	18,673	...	16,195	9,727	4,514	14,991	2,478	1,723	92·57	69·53
Berar* . .	...	...	...	...	...	...	...	...	...	...	...
Madras Presidency	...	26,410	...	24,415	4,183	11,215	20,663	1,995	1,287	87·4	69·3
Coorg . .	...	772	96	533	26	84	291	239	86	54·59	35·98
Bombay Presidency†	...	1,548	...	1,313	523	180	1,121	235	153	85·38	65·11
Burma { Lower .	...	1,968	...	1,897	250	926	1,792	71	17	94·46	23·94
Burma { Upper .	...	4,957	...	4,793	1,262	2,077	4,335	164	103	90·44	62·80
Ajmere Merwara‡.	...	...	...	...	...	...	...	...	...	...	...

* Dispensary vaccination transferred to Special Establishment since July 1892.
† Excluding the statistics of the Native States of Baroda, Cutch, Kathiawar, Palanpur, and Idar.
‡ No dispensary vaccination.

Appendix A to Section VII—*continued.*

STATEMENT No. V.—*Showing the Total Vaccinations performed by the Special Vaccination and Dispensary Establishments combined in each province during the year 1894-95.*

PROVINCE.	TOTAL NUMBER SUCCESSFULLY VACCINATED.			Ratio of successful vaccinations per 1,000 of population.*	AVERAGE ANNUAL SUCCESSFUL VACCINATIONS DURING PREVIOUS FIVE YEARS.		AVERAGE ANNUAL DEATHS FROM SMALL-POX DURING PREVIOUS FIVE YEARS.	
	By Vaccine Department.	By dispensaries.	TOTAL.		Number.	Ratio per 1,000.	Number	Ratio per 1,000.
Bengal	1,989,541	100,282	2,089,823	27·98	1,676,858	22·18	14,052	0·19
Assam	158,278	9,974	168,252	28·09	151,960	26·96†	2,020	0·04†
North-Western Provinces and Oudh	1,263,907	934	1,264,841	26·81	924,309	19·60	28,738	0·61
Punjab	729,267	1,450	730,717	35·48	719,626	35·01	6,726	0·33
Central Provinces	443,798	16,714	460,512	36·58	407,413	33·58	3,161	0·31
Berar	93,261	... ‡	93,261	32·2	100,419	34·6	468	0·16
Madras Presidency	1,063,084	21,950	1,085,034	29·7	941,358	26·3	33,964	1·0
Coorg	7,167	377	7,544	41·41	9,197	53·11	331	1·91
Bombay Presidency§	696,504	1,274	697,778	30·68	693,610	30·55	3,212	0·14
Burma Lower	164,834	1,809	166,643	35·38	114,249	25·72	2,475	0·61
Upper	100,428	4,438	104,866	28·91	51,266	16·16	...	...
Ajmere Merwara	13,187	... ‖	13,187	24·30	11,447	21·11	858	1·58

* Calculated on the work done by Special Establishment only.
† Exclusive of North Lushai and Manipur.
‡ Dispensary vaccination transferred to Special Establishment since July 1892.
§ Excluding the statistics of the Native States of Baroda, Cutch, Kathiawar, Palanpur and Idar.
‖ No Dispensary vaccination.

STATEMENT No. VI.—*Showing the Operations performed by the Special Vaccination and Dispensary Establishments combined with the estimated Births in each province during the year 1894-95.*

PROVINCE.	Annual births estimated at 40 per 1,000 of population.	NUMBER OF CHILDREN SUCCESSFULLY VACCINATED UNDER ONE YEAR.			Percentage of annual estimated births successfully vaccinated.	NUMBER OF CHILDREN SUCCESSFULLY VACCINATED ABOVE ONE AND UNDER SIX YEARS.		
		By Vaccine Department.	By Dispensaries.	TOTAL.		By Vaccine Department.	By Dispensaries.	TOTAL.
Bengal	2,843,698	382,744	22,321	405,065	14·2	1,367,839	53,617	1,421,456
Assam	225,370	38,707	1,375	40,082	17·8	86,082	4,382	90,464
North-Western Provinces and Oudh	1,885,841	562,093	388	562,481	29·8	574,024	402	574,426
Punjab	822,159	471,441	866	472,307	57·4	135,126	141	135,267
Central Provinces	485,252	253,189	9,727	262,916	54·2	130,106	4,514	134,620
Berar	115,882	63,952	*	63,952	55·2	22,227	*	22,227
Madras Presidency	1,433,211	293,540	4,183	297,723	20·8	536,970	11,215	548,185
Coorg	6,922	618	26	644	9·3	2,873	84	2,957
Bombay Presidency†	908,078	519,551	523	520,074	57·3	133,076	180	133,256
Burma Lower	186,345	27,681	250	27,931	15·0	78,904	926	79,830
Upper	138,974	29,666	1,262	30,928	22·3	53,683	2,077	55,760
Ajmere Merwara	21,694	8,782	... ‡	8,782	40·5	4,019	... ‡	4,019

* Dispensary vaccination transferred to Special Establishment since July 1892.
† Excluding the statistics of the Native States of Baroda, Cutch, Kathiawar, Palanpur and Idar.
‡ No dispensary vaccination.

Appendix A to Section VII—*concluded.*

STATEMENT NO. VII.—*Comparative Statement showing the number of persons primarily vaccinated, and the number of those who were successfully vaccinated in Her Majesty's European and Native Troops in the Bengal and the Punjab Commands in each of the undermentioned official years.*

Establishment.	Persons primarily vaccinated.																							
	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.
	Years ended 31st March.																							
	1873.		1874.		1875.		1876.		1877.		1878.		1879.		1880.		1881.		1882.		1883.		1884.	
European Army .	1,720	1,229	1,310	987	1,214	1,993	1,233	973	944	826	1,272	1,043	1,046	924	633	572	742	604	1,141	840	1,076	899	985	760
Native Army*	†	†	†	†	†	†	†	†	2,520	2,104	3,325	2,746	1,887	1,674	†	†	1,552‡	1,155	1,728	1,284	3,487	2,400	3,043	2,167

Establishment.	Persons primarily vaccinated.																					
	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number,	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number,	Number successfully vaccinated.
	Years ended 31st March.																					
	1885.		1886.		1887.		1888.		1889.		1890.		1891.		1892.		1893.		1894.		1895.	
European Army .	849	636	926	721	862	700	799	612	875	698	956	755	678(*a*)	575	663	655	772	567	678	608	840	637
Native Army*	2,358§	1,579	3,644‖	2,915	8,110	5,705	11,633	8,566	7,779¶	6,029	7,674**	6,001	7,477	5,696	7,400	5,801	7,526	5,642	6,803	5,156	6,116	4,800

(*a*) Excluding the figures of the Station Hospital, Meerut, the return of which has not been received.
* The statistics of Native Army include the non-commissioned officers and men of the Regular Native Army, the Punjab Frontier Force, and the Central India Force for the years 1880-81 to 1884-85.
† Statistics not available.
‡ Several of the regiments that were serving in Afghanistan during 1880-81 omitted to furnish the return.
§ The 23rd and 32nd Pioneers have not furnished the return, their head-quarters being in Southern Afghanistan.
‖ Excluding figures of the 26th and 27th Bengal Infantry, the returns of which had not been received. The figures formerly given were erroneously compiled.
¶ Excluding the figures for the 13th, 17th, 32nd, 42nd Bengal Infantry, and 2-1 Gurkha Regiment, the returns of which have not been received.
** Excluding the figures of the head-quarters, 42nd Bengal Infantry, the return of which has not been received.

Appendix B to Section VII.

List of towns and rural tracts where the Compulsory Vaccination Act is in force.

Province and district.		Town.	Rural tract.
BENGAL.			
Burdwan	1	Burdwan	BURDWAN DIVISION. 1 From the river Damodar to Asansol on the Bengal-Nagpur Railway.
	2	Raniganj	
	3	Katwa	
	4	Dainhat	
	5	Kalna	
Bankura	6	Bankura	2 The storeyard in village Dihika.
	7	Vishunpur	
	8	Sonamukhi	3 The branch line from station Damodar on the Bengal-Nagpur Railway to Sanctoria.
Birbhum	9	Suri	
Midnapur	10	Midnapur	
	11	Ghatal	
	12	Chandrakona	
	13	Kirpai	
	14	Ramjibunpur	4 The Bengal-Nagpur Railway premises at Asansol (Budha).
	15	Kharar	
	16	Tamluk	
Hooghly	17	Hooghly and Chinsura.	
	18	Utterpara.	
	19	Bansberia.	
	20	Serampur.	
	21	Baidyabati.	
	22	Bhadreswar.	
	23	Kotrung.	
	24	Jahanabad.	
Howrah	25	Howrah.	
	26	Bally.	
24-Parganas	27	Cossipur and Chitpur.	
	28	Maniktola.	
	29	Baranagar.	
	30	South Suburban.	
	31	Rajpur.	
	32	Baruipur.	
	33	Jaynagar.	
	34	South Barrackpore.	
	35	North Barrackpore.	
	36	North Dum Dum.	
	37	South Dum Dum.	
	38	Basirhât.	
	39	Taki.	
	40	Baduria.	
	41	Barasat.	
	42	Naihati.	
	43	Gobardanga.	
Khoolna	44	Khoolna.	
	45	Satkhira.	
	46	Chanduria.	
	47	Debhatta.	
Nadia	48	Krishnagar.	
	49	Nadia.	
	50	Kushtia.	
	51	Kumarkhali.	
	52	Meherpur.	
	53	Santipur.	
	54	Ranaghat.	
	55	Chakdaha.	
	56	Birnagar.	
Jessore	57	Jessore.	
	58	Kotchandpur.	
	59	Moheshpur.	
Murshidabad	60	Berhampur.	
	61	Lalbag or City Murshidabad.	
	62	Jangipur.	
	63	Kandi.	
Dinajpur	64	Dinajpur.	
Rajshai	65	Rampur Boalia.	
	66	Nattore.	
Rangpur	67	Rangpur.	
Bogra	68	Bogra.	
	69	Sherpur.	
Pabna	70	Pabna.	
	71	Serajganj.	
Darjeeling	72	Darjeeling.	
	73	Kurseong.	
Jalpaiguri	74	Jalpaiguri.	
Dacca	75	Dacca.	
	76	Narainganj.	
Faridpur	77	Faridpur.	
	78	Madaripur.	
Backerganj	79	Barisal.	
	80	Jhalokati.	
	81	Nalchiti.	
	82	Ferozepur.	
	83	Patuakhali.	
Mymensingh	84	Nasirabad.	
	85	Muktagacha.	
	86	Jamalpur.	
	87	Sherpur.	
	88	Tangail.	
	89	Netrokona.	
	90	Kishoreganj.	
	91	Bazitpur.	
Tipperah	92	Comilla.	
	93	Brahmanbaria.	
Noakhali	94	Sudharam or Noakhali.	
Chittagong	95	Chittagong.	
	96	Cox's Bazar.	
Patna	97	Patna City.	
	98	Dinapur Naizamut.	
	99	Barh.	
	100	Bihar.	
Gaya	101	Gaya.	
	102	Tikari.	
	103	Daudnagar.	
Shahabad	104	Arrah.	
	105	Buxar.	
	106	Dumraon.	
	107	Sasaram.	
	108	Jagadishpur.	
	109	Bhabhua.	
Darbhanga	110	Darbhanga.	
	111	Roserha.	
	112	Madhubani.	
Muzaffarpur	113	Muzaffarpur.	
	114	Sitamarhi.	
	115	Lalganj.	
	116	Hajipur.	
Saran	117	Chapra.	
	118	Siwan.	
	119	Revilganj.	
Champaran	120	Motihari	
	121	Bettiah.	
Monghyr	122	Monghyr.	
	123	Jamalpur.	
	124	Jamui.	
Bhagalpur	125	Bhagalpur.	
	126	Colgong.	
Purneah	127	Purneah.	
	128	Kishorganj.	
Maldah	129	English Bazar.	
	130	Old Maldah	CHOTA NAGPUR DIVISION. 1 Area situated within the Bengal-Nagpur Railway boundary from mile 421·368 west of Nimdip Nala to mile 620·75 where the line crosses the Damodar river within the jurisdiction of the Commissioner of the Chota Nagpur Division.
Sonthal Parganas.	131	Deoghar	
	132	Sahibganj	
	133	Dumka	
	134	Rajmahal	
Cuttack	135	Cuttack	
	136	Kendrapara	
	137	Jajpur	
Balasore	138	Balasore.	
Puri	139	Puri	
Hazaribagh	140	Hazaribagh	
	141	Chatra	
Lohardugga	142	Ranchi	
	143	Lohardugga	
Palamau	144	Daltonganj.	
Manbhum	145	Purulia.	
	146	Jhalda.	
	147	Raghunaathpur.	
Singbhum	148	Chaibasa.	

Appendix B to Section VII—*continued.*

List of towns and rural tracts where the Compulsory Vaccination Act is in force.

Province and district.		Town.	Rural tract.	
Assam.				
Cachar	1	Silchar	...	None.
Sylhet	2	Sylhet	..	
Goalpara	3	Dhubri	...	
	4	Goalpara	...	
Kamrup	5	Gauhati	...	
Lakhimpur	6	Dibrugarh	...	
Sibsagar	7	Sibsagar Station	...	
	8	Golaghat Union	...	
	9	Jorhat Union	...	
North-Western Provinces and Oudh.				
Almora	1	Almora	...	None.
Naini Tal	2	Naini Tal	...	
	3	Kashipur	...	
Bijnor	4	Bijnor	...	
	5	Chandpur	...	
	6	Dhampur	...	
	7	Nagina	...	
	8	Najibabad	...	
Moradabad	9	Moradabad	...	
	10	Chandausi	...	
	11	Amroha	...	
	12	Sambhal	...	
Bareilly	13	Bareilly	...	
Pilibhit	14	Pilibhit	...	
	15	Bisalpur	...	
Shahjahanpur	16	Shahjahanpur	...	
	17	Tilhar	...	
Budaun	18	Budaun	...	
	19	Bilsi	...	
	20	Ujhani	...	
	21	Sahaswan	...	
Dehra Dun	22	Dehra	...	
	23	Mussoorie	...	
Saharanpur	24	Saharanpur	...	
	25	Hardwar Union	...	
	26	Deoband	...	
	27	Roorkee	...	
Muzaffarnagar	28	Muzaffarnagar	...	
	29	Kairana	...	
	30	Kandhla	...	
Meerut	31	Meerut	...	
	32	Ghaziabad	...	
	33	Baraut	...	
	34	Bagpat	...	
	35	Sardhana	...	
	36	Mawana	...	
	37	Shahdara	...	
	38	Hapur	...	
	39	Pilkhawa	...	
Bulandshar	40	Bulandshahr	...	
	41	Anupshahr	...	
	42	Sikandrabad	...	
	43	Khurja	...	
Aligarh	44	Koil	...	
	45	Hathras	...	
	46	Sikandra Rao	...	
	47	Atrauli	...	
Etah	48	Etah	...	
	49	Soron	...	
	50	Kasganj	...	
	51	Marehra	...	
	52	Jalesar	...	
Muttra	53	Muttra	...	
	54	Kosi	...	
	55	Brindaban	...	
Farukhabad	56	Farukhabad-Fatehgarh	...	
Mainpuri	57	Mainpuri	...	
Agra	58	Agra	...	
	59	Fatehpur-Sikri	...	
	60	Ferozabad	...	
North-Western Provinces and Oudh—*contd.*				
Etawah	61	Etawah		None.
Lucknow	62	Lucknow		
Unao	63	Unao		
Rae Bareli	64	Rae Bareli		
Sitapur	65	Sitapur		
	66	Khairabad		
	67	Shahabad		
Hardoi	68	Hardoi		
	69	Sandi		
	70	Pihani		
	71	Sandila		
Kheri	72	Lakhimpur		
	73	Muhamdi		
Cawnpore	74	Cawnpore		
Fatehpur	75	Fatehpur		
Banda	76	Banda		
Allahabad	77	Allahabad		
Jalaun	78	Orai		
	79	Kalpi		
	80	Kunch		
Jhansi	81	Jhansi		
	82	Mau Ranipur		
	83	Lalitpur		
Fyzabad	84	Fyzabad-Ajodhia		
	85	Tanda		
Gonda	86	Gonda		
	87	Nawabganj		
	88	Utraula		
	89	Balrampur		
Bahraich	90	Bahraich		
	91	Nanpara		
Bara Banki	92	Nawabganj		
Sultanpur	93	Sultanpur		
Partabgarh	94	Bela		
Gorakhpur	95	Gorakhpur		
Azamgarh	96	Azamgarh		
Ghazipur	97	Ghazipur		
Ballia	98	Ballia		
Benares	99	Benares		
Mirzapur	100	Mirzapur		
	101	Chunar		
Jaunpur	102	Jaunpur		
Punjab.				
Rohtak	1	Rohtak	...	None.
	2	Beri*	...	
Delhi	3	Delhi (in part only)	...	
Umballa	4	Umballa	...	
Simla	5	Simla	...	
	6	Kasauli*	...	
	7	Subathu*	...	
	8	Dagshai*	...	
Jhang	9	Jhang Cum Maghiana	...	
Lahore	10	Lahore	...	
Amritsar	11	Amritsar	...	
Bannu	12	Edwardesabad	...	
Dera Ghazi Khan	13	Dera Ghazi Khan	...	
Kangra	14	Dharmsala*	...	
Jullundur	15	Jullundur*	...	
Gurdaspur	16	Dalhousie*	...	
Rawalpindi	17	Murree*	...	
Central Provinces.				
Raipur	1	Raipur	...	None.
Nagpur	2	Nagpur	...	
Narsinghpur	3	Narsinghpur	...	
	4	Chhindwara	...	
	5	Gadarwara	...	
Hoshadgabad	6	Harda	...	
Sambalpur	7	Sambalpur	...	

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* In places marked with an asterisk the Vaccination Act was introduced in 1894.

Appendix B to Section VII—*continued.*

List of towns and rural tracts where the Compulsory Vaccination Act is in force.

Province and district.	Town.		Rural tract.	
Central Provinces —*contd.*				
Damoh	8	Damoh	...	None.
	9	Hatta	...	
Balaghat	10	Burha	...	
	11	Lalbara	...	
	12	Waraseoni	...	
	13	Katangi	...	
Chhindwara	14	Chhindwara	...	
Burhanpur	15	Burhanpur	...	
Bhandara	16	Bhandara	...	
	17	Pauni	...	
	18	Tumsar*	...	
Bilaspur	19	Bilaspur	...	
Saugor	20	Saugor*	...	
	21	Rehli*	...	
	22	Khurai*	...	
	23	Deori*	...	
	24	Garhakota*	...	
Nimar	25	Khandwa*	...	
Berar.				
Amraoti	1	Amraoti	...	None.
	2	Amraoti Camp	...	
Ellichpur	3	Ellichpur	...	
Akola	4	Akola	...	
	5	Khamgaon	...	
	6	Shegaon	...	
	7	Akot	...	
Basim	8	Basim	...	
Wun	9	Yeotmal	...	
Buldana	10	Buldana	...	
Madras.				
Bellary	1	Adoni	...	None.
	2	Bellary	...	
Anantapur	3	Anantapur	...	
Vizagapatam	4	Anakapalle	...	
	5	Bimlipatam	...	
	6	Vizagapatam	...	
	7	Vizianagram	...	
Ganjam	8	Berhampur	...	
	9	Chicacole	...	
	10	Parlakimedi	...	
Kistna	11	Bezwada	...	
	12	Guntur	...	
	13	Masulipatam	...	
Malabar	14	Calicut	...	
	15	Cannanore	...	
	16	Cochin	...	
	17	Palghat	...	
	18	Telicherry	...	
South Arcot	19	Chidambaram	...	
	20	Cuddalore	...	
Godavari	21	Cocanada	..	
	22	Ellore	...	
	23	Rajahmundry	...	
Coimbatore	24	Coimbatore	...	
	25	Erode	...	
	26	Karur	...	
Chingleput	27	Conjeveram	...	
Nilgiris	28	Coonoor	...	
	29	Ootacamund	...	
Cuddapah	30	Cuddapah	...	
Madura	31	Dindigul	...	
	32	Madura	...	
	33	Pireakulam	...	
	34	Palni	...	
North Arcot	35	Gudiyattam	...	
	36	Tirupati	...	
	37	Vellore	...	
	38	Walajapet	...	
Tanjore	39	Kumbakonam	...	
	40	Mannargudi	...	
	41	Mayaveram	...	
Madras—*contd.*				
Tanjore—*contd.*	42	Negapatam	...	None.
	43	Tanjore	...	
Kurnool	44	Kurnool	...	
Madras	45	Madras	...	
South Canara	46	Mangalore	...	
Nellore	47	Nellore	...	
	48	Ongole	...	
Tinnevelly	49	Palamcottah	...	
	50	Tinnevelly	...	
	51	Tuticorin	..	
Salem	52	Salem	...	
	53	Tiruppattur	...	
	54	Vaniyambadi	...	
Trichinopoly	55	Srirangam	...	
	56	Trichinopoly	...	
Coorg.				
Coorg	1	Mercara	...	None.
	2	Virajendrapet	...	
	3	Somvarpet	...	
	4	Fraserpet	...	
	5	Kodlipet	...	
Bombay.				
Bombay	1	Bombay City	...	None.
Karachi	2	Karachi	...	
Lower Burma.				
Akyab	1	Akyab	...	None.
Hanthawaddy	2	Rangoon	...	
Bassein	3	Bassein	...	
	4	Ngathainggyaung	...	
Myaungmya	5	Myaungmya	...	
Henzada	6	Henzada	...	
	7	Myanaung	...	
	8	Zalun*	...	
	9	Kyangin*	...	
Thayetmyo	10	Thayetmyo	...	
Toungoo	11	Toungoo	...	
Tavoy	12	Tavoy	...	
Shwegyin	13	Shwegyin	...	
Prome	14	Prome	...	
	15	Paungde	...	
Sandoway	16	Sandoway	...	
Thongwa	17	Maubin	...	
	18	Yandoon	...	
Mergui	19	Mergui	...	
Amherst	20	Moulmein	...	
	21	Thaton	...	
Pegu	22	Pegu	...	
Kyaukpyu	23	Ramree	...	
	24	Kyaukpyu*	...	
Upper Burma.				
Mandalay	1	Mandalay	...	None.
Myingyan	2	Myingyan	...	
	3	Pagan	...	
Minbu	4	Salin	...	
Yamethin	5	Pyinmana	...	
	6	Yamethin	...	
Pakokku	7	Pakokku	...	
Magwe	8	Toungdwingyi	...	
Lower Chindwin	9	Monywa	...	
Yeu	10	Yeu	...	
Sagaing	11	Sagaing	...	
Shwebo	12	Shwebo	...	
Bhamo	13	Bhamo*	...	
Kyaukse	14	Kyaukse*	...	

* In places marked with an asterisk the Vaccination Act was introduced in 1894.

Appendix B to Section VII—*concluded.*

List of cantonments where the Compulsory Vaccination Act is in force.

Presidency.	Cantonment.		Presidency.	Cantonment.	
Bengal	1	Dum Dum.	Bengal—*contd.*	30	Subathu.
	2	Barrackpore.		31	Dagshai.
	3	Cuttack.		32	Murree.
	4	Dinapur.		33	Dharmsala.
	5	Dibrugarh.		34	Dalhousie.
	6	Allahabad.		35	Jullundur.
	7	Benares.		36	Jubbulpore.
	8	Agra.		37	Saugor.
	9	Cawnpore.		38	Pachmarhi.
	10	Meerut.	Bombay		None.
	11	Dehra Dun.	Madras	1	Madras.
	12	Chakrata.		2	Vellore.
	13	Roorkee.		3	Vizianagram.
	14	Fyzabad.		4	Cannanore.
	15	Landour.		5	Trichinopoly.
	16	Jhansi.		6	Bangalore.
	17	Moradabad.		7	Bellary.
	18	Bareilly.		8	Coonoor.
	19	Sitapur.		9	Belgaum.
	20	Muttra.		10	Secunderabad.
	21	Fatehgarh.		11	Rangoon.
	22	Shahjahanpur.		12	Thayetmyo.
	23	Naini Tal.		13	Moulmein.
	24	Lucknow.		14	Bhamo.
	25	Almora.		15	Myingyan.
	26	Ranikhet.		16	Shwebo.
	27	Lansdowne.		17	Meiktila.
	28	Gorakhpur.		18	Mandalay.
	29	Kasauli.			

SECTION VIII.

SANITARY WORKS—MILITARY.

Expenditure on Military Works during 1894-95.

187. The total expenditure on Military Works, during 1894-95, was R74,02,741, against R85,93,935 in 1893-94.

With a view to comply with the suggestion made in paragraph 18 of the memorandum by the Army Sanitary Commission on this report for 1893, arrangements have been made to obtain from each cantonment details of the sanitary works done during the year. The following list shows the cost of the more important sanitary works carried out in the various cantonments in 1894:—

On water-supply.—Rupees 2,52,807 were spent at Lucknow; R1,80,711 at Agra; R9,367 at Murree; R52,529 at Quetta; and R1,664 at Peshawar.

On conservancy.—Rupees 8,760 were spent in providing iron movable latrine compartments at Dinapore; R7,000 at Lucknow; R2,675 at Cawnpore; R3,757 at Fyzabad; R7,395 at Meerut; R4,982 at Landour; R2,167 at Jhansi; R2,180 at Bareilly; R4,176 at Multan; R9,339 at Ferozepore; R8,913 at Jullundur; R1,649 at Dalhousie; R2,005 at Dagshai; R2,558 at Kasauli; R3,512 at Subathu; R3,828 at Murree; and R2,295 at Kamptee.

Details of Military Works in 1893-94.

188. The works executed during 1893-94 for the health and comfort of the European and Native troops were as follow:—

ACCOMMODATION FOR BRITISH TROOPS.

Sitapore.—The construction of new barracks for British Infantry was in progress. No. 1 Barrack was built up to a height of 5 feet, and two lavatories, two latrines and a cook-house were completed.

Jubbulpore.—The provision of additional accommodation for British Infantry in progress from the previous year was completed.

Chakrata.—In connection with hut accommodation for a battalion of British Infantry at Kailana, all the single men's barracks in progress during the previous year were completed, and three double cook-houses and one single were added.

Ranikhet.—At the standing camp, three blocks of Institute buildings were completed.

Multan.—Additions and alterations to buildings in the Old Fort, for the accommodation of the new Heavy Battery of Royal Artillery, were completed.

Gharial.—Hut barrack accommodation for 5½ companies of British Infantry was completed.

Kuldana.—Connected with the hutting scheme, cook-house accommodation was provided in full.

Khyragully.—A new workshop, quarter-guard and cells were built for the Mountain Battery.

Quetta.—Additional buildings for the accommodation of the single men of the Garrison Battery were constructed.

Colaba.—Two single men's barracks to accommodate 100 men each, which were commenced last year, have been completed; and the drill and lecture room for the Royal Artillery was completed.

ACCOMMODATION FOR NATIVE TROOPS.

Lansdowne.—Public buildings for the 2-3rd Gurkhas. The quarter-guard and four double-company armouries were completed. Quarter-Master's store, solitary cells and parade ground were put in hand.

Dehra.—Public buildings for a Native Mountain Battery. A picket-house and magazine which remained to complete the requirements were both practically completed.

Rawalpindi.—The existing armouries in the Native Infantry lines were appropriated for storage of equipment of Reservists, and new ones were constructed to replace them.

Fort Sandeman.—New barracks were constructed for one squadron of Native Cavalry, with quarters for native officers and 80 followers. The existing quarters for native officers of Native Cavalry and Native Infantry were enlarged and improved; and doors and windows were provided to the old Native Cavalry and Native Infantry barracks.

HOSPITALS.

Jhansi.—In connection with the new Station Hospital buildings, the construction of two blocks for 30 male patients each, begun in the previous year, was completed. Quarters for the medical subordinates, with out-houses, have also been completed. Work on two wells was in progress.

Lansdowne.—Hospital buildings for the 2-3rd Gurkhas were put in hand, but were not completed.

Quetta.—The Station Hospital for Native troops was completed by the addition of a block of administrative offices. Quarters were constructed for Native establishment of the Station Hospital for British troops.

Poonamallee.—Additional accommodation at the Station Hospital was completed, with the exception of the Store-keeper's quarters, which were in progress.

Secunderabad.—Completing requirements at the North, Central and South Station Hospitals have been finished, excepting the administrative block, South Station Hospital.

Kamptee.—The hospital servants' quarters were completed.

Cantonment General Hospitals.—Additions and alterations to buildings, to adapt them for use as Cantonment General Hospitals, were carried out at Agra, Meerut and Ferozepore.

OFFICERS' QUARTERS.

Chakrata.—At the hutted camp, Kailana, the Subalterns' quarters, which were half completed at end of previous year, were all finished, also one block of Surgeon-Captains' quarters. A mess-house and two double blocks of Captains' quarters were commenced, and completed up to plinth level.

Rawalpindi.—At west Ridge, mess-houses, with subsidiary buildings for the officers of four batteries of Mountain Artillery and two battalions of British Infantry, were completed, and fourteen quarters for Subalterns were finished.

Cherat.—Two blocks of Subalterns' quarters were built.

Subathu.—A house was purchased for use as an officers' mess.

Fort Sandeman.—Thirty servants' quarters were added to those already existing for single officers' quarters.

Wellington.—Quarters for twelve Subalterns, which were commenced in 1892-93, were completed.

STAFF AND MISCELLANEOUS.

Rawalpindi.—The construction of additional gas-holders and scrubbed condensers for the gas-works were well in progress.

Besides the above, improvements on existing buildings, which consist in the substitution of permanent material in the renewal of unserviceable temporary roof coverings, and of inferior floors, such as the provision of sheet iron for shingle and slated roofs in the hills, and Allahabad tiling for thatch and other inferior roofs in the plains, etc., were continued to the extent funds admitted the actual outlay during the year being R5,29,345. In carrying out these works advantage is also taken, where required, of raising walls and providing improved ventilation, etc.

WATER-SUPPLIES TO CANTONMENTS.

Lucknow.—The laying of pipes was commenced, and about half completed.

Dum Dum.—The new pipe-supply was well advanced.

Agra.—The pipe-supply to cantonments and Fort was in progress.

Delhi.—The pipe-supply to Cantonments and Fort was in progress.

Umballa.—The provision of iron and stone pipes, where the existing brick-duct had been damaged, was completed, and a reservoir with syphon was also provided in the Native Cavalry lines.

Rawalpindi.—Water has been supplied throughout the cantonments and Sudder and Regimental bazars. The work is practically finished, excepting a few supplementary small items.

Murree Hills.—Tanks at Doongagully, Khyragully and Thobba have been completed, and the distribution mains are laid on to Murree cantonments, Gharial, Kuldunnah, Sunny Bank and Lower Topa. Water has been supplied up to Cliffden barracks and Municipal bazar.

Bangalore.—The sum of two lakhs was paid to the Mysore Durbar in connection with the acquisition of the Maligal Valley catchment area, where the proposed supply of water will be obtained. The temporary scheme, providing water from the Hebbal Lake, has been completed.

Secunderabad.—Water-works for the garrison were commenced and well advanced.

OTHER CANTONMENT WORKS.

Jallapahar.—The building of a large retaining wall, below the hospital, was nearly completed.

Quetta.—Metalling of additional roads was in progress.

Fort Sandeman.—Suitable conservancy arrangements were provided for the garrison.

Chingleput.—The clearance of scrub jungle at the Valechi Artillery Range was completed to the extent required.

The following is a summary of the Sanitary Reports of the cantonments in the Bengal, Punjab, Bombay and Madras Commands for 1894, showing the ratios of admissions and deaths among the European and Native troops in those Cantonments during that year :—

Summary of the Annual Sanitary Reports on the Cantonments.

Station.	Admissions per 1,000.		Deaths per 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
BENGAL COMMAND.					
Fort William . .	1093·9	1319·9	5·42	12·50	Venereal diseases were prevalent among European troops, and malarial affections with debility among native troops. Vaccination was carried on with calf lymph, lanoline paste, and ordinary vaccine tubes, and the results were satisfactory. Rations for native troops were expensive. A scheme for discharging the night soil into the municipal drainage sewer was being considered.
Alipore . .	...	...*	...	...	Malaria, dysentery and chest affections were prevalent. Vaccination was carried on with lanoline vaccine lymph : out of 66 operations 60 proved successful. Surface water is drained into tanks.
Dum Dum . .	1240·5	627·9	17·08	...	Malarial fevers and venereal diseases were prevalent throughout the year. Vaccination was carried on with calf lymph and from arm to arm with satisfactory results : out of 53 operations 51 were successful. Drainage of the cantonment is defective, the fall being insufficient. There are a number of *jheels* and marshes in the vicinity of the cantonment, and the site of the cantonment is unhealthy. The whole latrine system is defective, and no improvement can be effected, till the private latrine system is abolished. The extension of the Calcutta filtered water supply to Dum Dum was completed in June 1894. An estimate for thoroughly draining the cantonment was sanctioned by the Government of India, and the acquisition of the land required for the purpose was in progress. The inclusion in cantonment limits of the insanitary *Padripathi bustee* lying just outside the southern boundary of the cantonment was being considered.
Barrackpore . .	2351·5	912·1	30·30	10·65	Malarial fever was very prevalent from August till the end of the year. Vaccination was carried on with preserved lymph and from arm to arm : of 238 vaccinations 213 proved successful. The drainage of the R. A. lines runs into a large tank lying between Government House and the R. A. family quarters, and the drainage from the R. A. stables flows through a *kutcha* drain alongside Parade Road. The western main drain lies outside cantonment, and cannot therefore be looked after properly. The present system of private latrines is defective. Construction of a masonry drain to carry the drainage of the R. A. lines to the river, provision of a masonry drain for the drainage from the stables, bringing the western main drain under control of the cantonment authorities, and introduction of an improved system of conservancy were being considered.
Silchar . . .	...	1078·5	...	11·22	Ague, remittent fever, dysentery and diarrhœa were most prevalent. Vaccination was carried out very successfully during the year. Prices of *atta*, rice, mutton, vegetables, and milk were high. Excreta and sweepings were satisfactorily destroyed by Rennick's incinerator.
Shillong . .	...	1571·0	...	3·23	Fifty persons were vaccinated with bovine lymph, 20 successfully. The drainage from the tank below the regimental *bazar* was improved. Overcrowding existed to some extent in the married quarters of the native troops.
Dibrugarh . .	...	1235·3	...	12·79	Ague was prevalent mostly throughout the year, and dysentery and diarrhœa from 27th October till about the end of the second week of November. Vaccination was carried out, and the results were satisfactory among the

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* Included with the figures for Fort William.

Summary of the Annual Sanitary Reports on the Cantonments—continued.

STATION.	ADMISSIONS PER 1,000.		DEATHS PER 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
Dibrugarh—*contd.*					men and successful as regards the children. The land used for burying sewage was not cultivated. Some low-lying land on the southern side of the parade ground and the south west corner of the cantonment limits becomes very marshy during the rains. Four out of eight wells were out of repair, and liable to contamination, especially one situated near the men's latrines. In the elephant lines a *pucca* drain was made to carry off the urine, but there are no receptacles at the end of this drain, and so the urine soaks into and saturates the ground at the end of the drain. The floor of the cattle pound is not *pucca*, and so in the rains it becomes a bog of wet earth and trodden in refuse. Four movable iron latrines were provided with proper receptacles. It was suggested that the cattle pound should have a *pucca* floor and be efficiently drained, to avoid the risk of the excreta sinking into the earth and contaminating the neighbouring *bazar* and well.
Kohima . .	...	644·1	...	10·92	Fevers were prevalent. Vaccination was carried out with satisfactory results. The water-supply was deficient in the months of February and March. Before it reaches the filter-bed the water runs in an open channel, but from the nature of the ground it traverses it is probably little liable to contamination. Market rates for the necessaries of life are very excessive. New movable latrines were provided in the 43rd Gurkha Rifle lines and placed in suitable positions. The following suggestions were made: that two incinerators should be provided for the use of the station, one in the Gurkha regimental lines and one for the Military Police Battalion; that men should be encouraged to start gardens to grow vegetables for their own consumption, instead of having to buy them in the *bazar* at excessive rates as at present; and that the water-supply of the station should be brought the whole distance from its source to cantonments in pipes instead of partly in an open channel as at present.
Manipur . .	...	1037·2	...	12·05	Malarial fevers, dysentery, respiratory diseases and venereal diseases were prevalent. Vaccination was carried on with the ordinary system of animal vaccination by means of glass tubes, and all cases in unprotected children were successful. The drainage of the cantonment is practically *nil*—a few surface drains exist to free actual buildings from flooding. These surface drains end almost invariably in *jheels* or ponds in which the place abounds. The moat round the cantonment is a fertile source of malaria. The water-supply is very indifferent: only one well may be said to be reliable in Manipur, and that is in the citadel. It often dries up, however, in the hot weather. The river is practically the sole supply of the place, and is probably much contaminated, as it runs through miles of *bastis* on both banks before it reaches cantonments. The present latrines are very bad. Mutton and beef are very hard to get, and very expensive. All stores (European) are dear. *Atta* costs about 8 annas a seer. Vegetables are somewhat expensive. Two incinerators have been built, and will shortly be taken into use. New latrines were constructed. Receptacles and buckets for the same have at last arrived. The new system of conservancy with increased permanent establishment was sanctioned, and will shortly be commenced. The question of a new site for permanent lines in and around the citadel for the Manipur garrison was being considered.

Summary of the Annual Sanitary Reports on the Cantonments—continued.

Station.	Admissions per 1,000.		Deaths per 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
Buxa . . .	...	656·5	...	3·40	Malarial fever was prevalent. Vaccination was carred on with lanoline lymph, but the results were not satisfactory. The native officers' quarters, consisting of bamboo and grass huts, are unsuitable for a climate like Buxa with its exceedingly heavy rainfall. The price of all sorts of food was extremely high, and the supply of vegetables, meat poultry, and milk was very scanty. A suggestion was made to erect permanent quarters for British and native officers.
Cuttack . . .	...	435·4	...	6·80	Out of 297 primary operations and 21 re-vaccinations, 254 and 12 respectively proved successful. The main drain and many of the smaller drains in the *bazar* and pension lines are merely trenches in the earth. Owing to the nature of the ground the outfall is very slight, so that the drains in hot weather either are dried up or are a series of cesspools. Slight overcrowding existed in the lines for one or two months. There is no public latrine. The compound latrines in use in the *bazar* houses are of the rudest description. The pension line latrine is faulty in construction and too small for the number of people using it. The latrine deposits are chiefly removed in baskets, and buried in the sand of the river-bed outside cantonment limits. This system does not allow of the removal of liquid excreta, so the greater part of that is emptied into the open drains or allowed to soak into the ground. The drain in the neighbourhood of the slaughter-house was made *pucca*. The number of filth-carts was increased to five. It was suggested that the pension line latrine should be enlarged and improved, and that the main drain running through the lines should be made *pucca*.
Doranda . .	...	1,552·2	...	6·52	Fevers and rheumatism were prevalent during the rains and subsequently. Arm-to-arm vaccination was carried on during the year, and 50 operations were successful.
Dinapore. . .	1980·0	480·6	24·05	6·47	Venereal diseases, cholera and ague were prevalent. Vaccination was carried on satisfactorily from cow lymph, and then from arm to arm: out of 426 operations, 380 were successful. Much overcrowding existed in the *bazars*. Permanent latrines were replaced by iron movable ones, and an improved system of conservancy was brought into force in this cantonment.
Darjeeling . .	970·1	914·1	8·15	...	Venereal diseases of a bad type were prevalent throughout the year; dysentery and ague in March, April and May; and itch among native troops in January and February. Of 67 men re-vaccinated and 17 children vaccinated, 21 and 12 operations respectively were successful. An incinerator was erected and worked during the year.
Benares . . .	2140·4	829·4	32·02	15·75	Ague, dysentery, diarrhœa, heat apoplexy, enteric fever and congestion of the liver were prevalent among European troops, and dysentery and ague among native troops. Out of 949 vaccinations, 794 were successful. Drainage defective during heavy rainfall. The sitting-room in the compartments of the latrines is too small, and the canvas *purdahs* do not effectually secure privacy. Old style mud latrines still exist for servants in private houses. Vegetables were very scarce from July to October. Prices of rations were very high owing to bad seasons. Sanction was obtained for the introduction of a sufficient number of new patent iron latrines, and pans and sufficient establishment to serve them. Sanction will also be requested for the introduction of these latrines and pans in the *sudder bazar* and B. I. lines. Urinals do

Summary of the Annual Sanitary Reports on the Cantonments—continued.

STATION.	ADMISSIONS PER 1,000.		DEATHS PER 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
Benares—*contd.*					not exist at present in the *bazar.* The extension of the pipe water, supply to cantonments was under consideration. The area of cantonment was much reduced.
Fyzabad . . .	1,281·6	522·9	8·94	5·49	Venereal diseases, malarial diseases, dysentery and enteric fever were prevalent among British troops. Vaccination was carried on by points fresh from the calf, and the results were most satisfactory: 189 persons were vaccinated, 157 of these successfully.
Lucknow . .	1,440·7	552·6	55·66	10·71	Cholera, enteric fever and venereal diseases were prevalent among British troops, and mumps among native troops. Vaccination was carried on satisfactorily from arm to arm: out of 837 operations, 744 were successful. Drainage very defective. The Hyder canal, which forms the boundary between the city and cantonments, is a serious sanitary evil: during the dry season it becomes a succession of foul cesspools. Open wells from which water is drawn by ropes are very liable to pollution, particularly in epidemic seasons. Overcrowding existed in the 7th Bengal Infantry lines. Mutton and butter for British troops were generally of poor quality, and the latter, which is made in the *bazar,* is liable to infection. Conservancy plant and establishment were increased. The old and objectionable permanent latrines built of sun-dried bricks were removed, and replaced by movable iron structures. A lazaretto was constructed for the isolation of horses suspected to be suffering from infectious diseases. The erection of new markets and an adequate supply of proper box-carts for the removal of litter and sweepings were under consideration. It is recommended that a specially selected medical officer should be appointed as Health Officer of the cantonment, and should be provided with the requisite means for conducting the necessary chemical and bacteriological examinations of the district, in addition to his local duties, not only here but in each of the large cantonments.
Sitapur . . .	1,745·8	...	14·39	...	Venereal diseases and malaria were prevalent throughout the year. Vaccination was carried out partly from arm to arm and partly from bovine lymph: 91 were successful out of 120 operations. The meat ration supplied to the European troops was of a most inferior quality. An incinerator was erected during the year.
Fatehgarh . .	1,220·7	624·2	31·53	6·71	Syphilitic diseases were prevalent throughout the year, and skin diseases during the rainy months. Vaccination was carried out from arm to arm; 225 persons were vaccinated, 180 successfully. The additional latrine accommodation for the village of Colonelgunj recommended last year was not provided. The construction of a *pucca* drain in the regimental bazar was recommended.
Cawnpore . .	1,284·9	396·7	31·04	11·62	Cholera was prevalent from the middle of May to the end of September, and venereal diseases were very prevalent throughout the year. Vaccination was carried on from arm to arm and with preserved lymph; out of 1,043 operations 936 proved successful. There is no proper system of drainage in some of the *mohallas.* The majority of the wells in the compounds are bad. The demolition of permanent latrines was being carried out gradually. The native infantry, Bengal cavalry and artillery syces lines were supplied with movable iron latrines in place of permanent ones. Movable iron latrines were being constructed for the use of the native inhabitants of compounds. The project for the extension of the water-works from the muni-

Summary of the Annual Sanitary Reports on the Cantonments—continued.

Station.	Admissions per 1,000.		Deaths per 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
Cawnpore—*contd.*					cipality to cantonments, and for the provision of a proper system of drainage in the *mohallas*, was being considered.
Allahabad . .	1,593·1	817·1	21·33	5·13	Malarial fevers were prevalent throughout the year, both among the European and native troops; and enteric fever and venereal diseases were prevalent only among the European troops. Two hundred and seventy-five persons were vaccinated, 223 successfully. The supply of potable water in the fort is uncertain and of doubtful quality. The wells are affected by the rise and fall of the river. The meat ration for the European troops was poor now and then. Ventilators to the North and South Ellenborough Barracks in the fort were supplied. Recommended that water from the nearest standpipe be brought to the fort in water-carts for drinking and cooking purposes; that the Municipal water-works be extended to the fort and 8th Bengal Cavalry lines; and that all Macnamara filters be abolished where a constant supply is laid on from municipal water-works.
Shahjahanpur . .	1,489·2	...	26·38	...	Venereal diseases were prevalent throughout the year. Vaccination from arm to arm and from tubes and points was carried out with satisfactory results.
Almora . .	...	549·1	...	9·96	Malarial fevers were prevalent. Arm-to-arm vaccination was carried on: 31 persons were vaccinated, all successfully. The prices of rations for the Gurkha troops are always very high.
Chakrata . .	1,066·2	...	3·01	...	Enteric fever and venereal diseases were prevalent. Vaccination was carried on from tubes and from arm, to arm and the results were satisfactory. Some overcrowding existed in the barracks. A Henry-pattern incinerator was in use from 22nd May to 3rd October: the experiment was not altogether satisfactory. Proposals were made to provide urinals for the use of natives frequenting barracks; to apply for sanction for the introduction of the Bombay-pattern dhobies' ghat; and to provide rubbish pits or enclosures in the compounds of officers' quarters and private houses.
Lansdowne . .	...	1,036·9	...	3·95	Mumps were prevalent among the 39th Garhwal Rifles from 21st September to 31st December 1894. Vaccination was carried on from arm to arm and from tubes of calf lymph, and the results were satisfactory. Prices of rations were high. The Standing Barrack Committee decided on 1st April that it would be advisable to make *pucca* all water-courses and small channels, more particularly those in the vicinity of cooking-places. An estimate was formed for the drains running from the cooking-places of the 39th Garhwal Rifles, but owing to want of funds the work was not commenced.
Dehra Dun . .	...	751·9	...	12·12	Arm to arm vaccination was carried out; 45 persons were successfully vaccinated out of 49 operations. The silt trap, about a mile below the head of the water-supply, is open to contamination. Measures were being taken to extend the water-supply to a point within the battery lines where it would be more accessible to the men and followers of the Mountain Battery.
Landour . .	1,130·7	...	26·14	...	Vaccination was carried on from arm to arm and from fresh vaccine lymph in tubes with satisfactory results. It was suggested that another tank should be built below the *bazar* to receive water from the first tank by pipes, which is ¾ of a mile from the *bazar*. The public latrines were all renewed during the year.

Summary of the Annual Sanitary Reports on the Cantonments—continued.

STATION.	ADMISSIONS PER 1,000.		DEATHS PER 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
Roorkee . .	1,134·1	372·3	15·38	6·42	One hundred and one persons were vaccinated, 94 successfully. Provision was made in the budget for 1894-95 for the construction of *pucca* brick drains for the R. A. *bazar.*
Meerut . .	1,464·0	748·3	21·04	6·85	Venereal diseases were prevalent among European troops, and ague among both European and native troops. Arm-to-arm vaccination was in force: 1,938 persons were successfully vaccinated out of 2,088. In the lines of regiments the drainage is good, but the want of fall is a serious impediment. The *sudder bazar* drains reported on last year were being repaired, and by the end of 1895 it is hoped that the drains of the British infantry *bazar* will also be in thorough good condition. Two *kutcha* roads in the *sudder bazar* were metalied. Demolition of the huts erected by the natives in certain patrs of the R. A. and 5th D. G. *bazars* recommended.
Bareilly . .	1,313·6	506·7	8·02	2 69	Venereal diseases were very prevalent during the year. Out of 535 vaccinations 462 were successful. There are a few *jheels* in the vicinity of the cantonments. The regimental *bazar*, 2nd Oxford Light infantry, was drained, also a portion of the *sudder bazar;* iron movable latrines for servants substituted for permanent latrines in compounds; wooden covers provided for drinking-wells; and brick-built dust-bins substituted for mud ones in the native infantry lines and *sudder bazar.*
Moradabad . .	2,022·2	...	...	...	Malarial fevers were prevalent during August, September, and October. Thirteen persons were vaccinated, and all the operations were successful. The meat supplied to the troops was, as a rule, of inferior quality, and it is almost impossible to obtain a pure supply of milk. Reports were made to the Commissariat Department and to the civil authorities concerning the supply of milk to troops and hospital, with fairly satisfactory results.
Naini Tal . .	1,234·7	...	10·20	...	Vaccination was carried on from arm to arm and by humanized lymph on points, and the results were satisfactory. Water-supply from the lake is liable to contamination when rain washes the surface of the surrounding hills. It was suggested that water should be obtained for the troops from the municipal water-works, a source less liable to contamination.
Ranikhet . .	1,251·7	...	8·88	...	Venereal diseases were very prevalent. Twenty-five cases of enteric fever and 22 cases of dysentery were treated during the year. Vaccination from arm to arm was carried on with satisfactory results. The water-supply from springs is insufficient, and is supplemented by impure water for all purposes of ablution, and the danger of the double supply is frequently verified by cases of enteric fever and dysentery. The method of distribution by mule *pakhals* is most objectionable. The conservancy establishment in the barracks is insufficient during the winter months. The permanent stone latrines in the *sudder bazar,* which had been unfavourably reported on, have been abolished, and movable iron latrines have been provided for the native population throughout the cantonment. The drainage of the *sudder bazar* was much improved, and this work was still being carried on. A vaccination station was being built. Instructions have been recently issued for the marking of *mussaks* and *pakhals,* and that the same vessels are not to be used indifferently for the conveyance of (1) cooking and drinking water, and (2) washing water. An increase in the conservancy establishment has been applied for.

Summary of the Annual Sanitary Reports on the Cantonments—continued.

STATION.	ADMISSIONS PER 1,000.		DEATHS PER 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
Delhi . . .	2,323·6	1,196·4	32·36	21·82	Malarial fevers were prevalent during August, September, and October. Vaccination was carried out with lymph taken from buffalo calves in all cases, and the results were satisfactory. During and after the rains the lands near the river are in a marshy state.
Muttra . . .	1,616·5	...	7·17	...	There were 12 cases of enteric fever from August to November. Arm-to-arm vaccination was carried on; 131 persons were successfully vaccinated out of 176. The water is hard and contains organic matter and a trace of chlorine. Three wells in the *sudder basar* were ordered to be used only for drinking purposes. Improvement and bringing up to the proper scale of the conservancy plant recommended.
Agra . . .	1,431·6	465·6	14·19	3·62	Malarial fevers were most prevalent among native troops and enteric and simple continued fever, ague and venereal diseases were prevalent among European troops. Vaccination was carried on from lymph in tubes and subsequently from arm to arm; out of 1,273 primary vaccinations 1,119 proved successful; and out of 10 re-vaccinations only one was successful. The improved system of conservancy was in working order since 1st April 1894, with great advantage to the cantonment. The Jumna water-supply through the municipal water-works was extended throughout cantonments. The main drain beyond cantonments was being improved.
Jhansi . . .	2,390·0	1,510·1	9·45	2·71	Malarial fevers and venereal diseases were very prevalent from the middle of August to the end of the year. Vaccinaiton was carried on with fresh human lymph: out of 418 operations 377 were successful. Prices of rations were high.
Nowgong . .	2,502·7	925·5	16·22	4·05	Malarial fevers were very prevalent. There were four cases of enteric fever and a case of smallpox. Vaccination was at first carried out from tubes, but the result was not satisfactory. In autumn calf lymph was used and the results were very successful. The artificial drainage in cantonments is defective. There are three *jheels* on the Chutterpore road, and one near the 5th Bengal cavalry horse hospital. The water-supply of the native infantry lines was unfavourably reported on. Some overcrowding existed in the 5th Bengal Cavalry lines. The Bengal Infantry hospital is too small, and tents had to be pitched for the accommodation of the sick. Two shallow *jheels* on the Chutterpore road were filled in. A cantonment dairy was built and opened in August under European management. New lines were being built for the 5th Bengal cavalry. Steps were being taken to improve the drainage.
Sipri . . .	1,930·7	...	19·80	...	Malarial fevers of a mild type were prevalent throughout the year. Vaccination was carried out from lymph in tubes with satisfactory results. There is a *nullah* to the south-west of the barracks in which water lies stagnant for a great part of the year; and, when it begins to get hot, these pools begin to smell. Under the three bridges water still lies and stagnates in very large pools. Measures were being taken to improve the bed of the *nullah* through the cantonment. Cantonment roads and drains repaired. It was suggested that more drains should be made leading away from the bridges, so as to allow the water to drain off; that the *bund* near the bridge on the main road should be completely removed, or a greater opening made in it to allow the free passage of water; and that a temporary cantonment hospital should be built. As the cantonment was abandoned no action was necessary for the above defects.

Summary of the Annual Sanitary Reports on the Cantonments—continued.

STATION.	ADMISSIONS PER 1,000.		DEATHS PER 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
Saugor . . .	1,762·4	1,003·1	11·05	7·25	Malarial fevers and venereal diseases were very prevalent. Vaccination was carried on at first with English lymph, and then from arm to arm, and at last with buffalo lymph; 601 persons were vaccinated, 592 successfully. In the hot weather the water-supply was somewhat deficient in the wells of the native cavalry and infantry. Prices of rations were higher than usual. The permanent thatched latrines in cantonments were replaced by movable iron ones. A new private latrine system was brought into action, by which the latrines are cleaned oftener than formerly. Conservancy establishment was increased. Steps were being taken to remedy the deficient water-supply.
Jubbulpore . .	1,523·9	888·6	15·54	4·74	Vaccination was carried on from buffalo calves; and 409 children were successfully vaccinated out of 426. In addition to these there were 12 re-vaccinations. Seven extra filth-carts were provided during the year, as also movable iron latrine accommodation for 825 persons, with the necessary establishment and receptacles. Accommodation for 350 more persons will be provided before 31st March 1895, while provision was made for some 90 additional latrine seats (or accommodation for 1,350 persons) in the budget for 1895-96. The open cesspools in the *sudder bazar* referred to in the last report were closed, filth-trenches dug in strict accordance with regulations, and additional masonry drains constructed in the *sudder bazar*. Further improvement in the conservancy was recommended. Trenches on the Allahabad system were under trial, and will be reported on in due course. A European inspector was appointed to inspect all animals before they are killed for consumption, and to brand the carcases after slaughter.
Pachmarhi . .	1,055·0	...	18·35	...	Malarial fevers and venereal diseases were prevalent among British troops. Twenty persons were successfully vaccinated out of 35, from arm to arm and with vaccine lymph. There is a lake in the vicinity of the barracks. Some low-lying land is under water during the rains. The mode of distribution of the drinking water by *mussaks* and *pakhals* is most objectionable. The wells in use are very inconveniently situated as regards the barracks. Water from all the wells, except from wells Nos. 15, 17, and 20, was condemned by the Government analyst. The water for drinking purposes for the troops was drawn exclusively from a well near the *bazar*. There was no overcrowding or other defect, except that the men were obliged to have their meals in the verandahs, and this is productive of much discomfort in the rainy season. The want of a regimental institute is much felt. The meat and bread supplied to the troops were occasionally inferior in quality. No vegetables except potatoes and onions were procurable. The *gwala* colony was removed out of the *bazar*, and was furnished with a covered well and force pump and trough (for watering cattle) for their special use. Iron movable latrines were introduced as far as funds permit. Private latrines in the *bazar* and old permanent latrines were furnished with iron shoots and receptacles. The drainage of the *bazar* was improved. A scheme for procuring the water-supply from a reservoir was recommended; but the expense of such a proposal is very large and prohibitive. It was suggested that one of the wells nearest to barracks from which the drinking-water is now drawn should be properly covered

Summary of the Annual Sanitary Reports on the Cantonments—continued.

Station.	Admissions per 1,000.		Deaths per 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
Pachmarhi—*contd.*					over, and furnished with a pump, and the water distributed by means of a galvanized iron tank fixed on a commissariat transport cart to the different barracks. A well situated on the high ground close to the barracks would economise both time and labour.
PUNJAB COMMAND.					
Umballa . .	1,365·3	552·9	16·75	10·24	Enteric fever, venereal diseases and malarial fevers were very prevalent. Vaccination was carried out with calf lymph with the best possible results : out of 1,560 operations 1,488 proved successful. Movable iron latrines were provided for the whole cantonment, with the exception of the Pioneer and Native Cavalry regiments, whose latrines are at the filth-pits. *Pucca* drains were constructed in the R. H. A. *bazar*. The drains in the *sudder bazar*, mentioned in last year's report, were completed. Brick drains were being substituted for the ditches which formerly were provided to carry off the surface water in the *sudder bazar*. Movable iron latrines for the native attendants connected with the hospitals of European troops were provided during the year. A special allotment of R10,000 was sanctioned for the improvement of the large *nullah* in the vicinity of the *sudder bazar*.
Jullundur . .	1,491·1	875·7	13·08	7·77	Of 297 vaccinations 190 proved successful. Some of the ground is low-lying and the water lodges during the rains. Fifteen conservancy carts were purchased. Iron movable latrines were substituted for those previously in use. The movable system of conservancy was introduced.
Ferozepore . .	2,422·1	885·7	19·02	11·69	Venereal diseases and malarial fevers were prevalent. Vaccination was carried on with calf lymph, and from arm to arm, with most satisfactory results. Drainage is defective, and in the rains the *nullah* to the east of the *sudder bazar* is always flooded, and the parade grounds are more or less under water. R10,000 were received and expended in supplying iron and zinc latrines in place of the old mat ones, and full complements of rubbish and filth carts were purchased. The disuse of *mussaks* for drawing drinking-water from wells was recommended. Schemes for a proper system for draining the station and for a proper water-supply were being considered.
Kasauli . . .	1,449·0	...	27·55	...	Venereal diseases were very prevalent during the summer months. Out of 87 vaccinations 83 were successful. There is a large tank in the vicinity of the married quarters. Incinerators were introduced, but funds were not available to purchase fuel to continue their use. A certain amount was expended on draining the *bazar*, but the fire of October 1894 destroyed the improvements that had been made. The market, which was destroyed by fire in May 1894, was rebuilt on improved plans. Suggested that Government should contribute the necessary funds to enable incinerators to be established and worked ; and that the water should be pumped up from the Sappers and Miners' spring to obviate the necessity of using *mussaks*.
Dagshai . . .	1,009·4	...	29·45	...	Among the British troops enteric fever and venereal diseases were prevalent during the year, while ague was somewhat prevalent during the rains. Ninety-nine men were revaccinated, 38 successfully ; and 12 children were vaccinated with success in six cases. The meat supplied to the troops was of poor quality, being devoid of fat. The drains from

Summary of the Annual Sanitary Reports on the Cantonments—continued.

STATION.	ADMISSIONS PER 1,000.		DEATHS PER 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
Dagshai—*contd.*					the wash-houses were completed. Movable iron latrines were introduced for the use of the native population. The *bazar* roads were being repaired. Estimates were submitted for (1) the erection of an incinerator and urine shoots, (2) the opening up and disinfecting with corrosive sublimate of all old and existing filth pits, (3) the cultivation of the ground over these pits. It was suggested that two or more urinals should be erected in the *bazar*
Solon . . .	1,200·0	...	17·78	...	The water is liable to contamination during transit and distribution by means of *pakhals.* The barracks were overcrowded, and the ventilation of the barrack-rooms was further interferred with by tents being pitched close to them. The cantonment was fully equipped with movable iron latrines, receptacles, and pans. The insanitary condition of the Solon *bazar* and its vicinity was being attended to. It was suggested that pipes should be laid down to barracks to prevent liability to contamination of water during transit and distribution, and that a reduction in the strength of the troops should be made, to avoid overcrowding in barracks. Construction of a new hospital was under consideration.
Subathu . .	1,274·7	...	12·88	...	The operation of vaccination proved successful in 266 out of 277 cases. The main drain and the street drains are very bad. There is a pond in the north corner of the parade ground. The water-supply for the troops is very limited, and for the *bazar* people insufficient. Prices of rations were very high. The old latrines were pulled down, and 75 new movable latrines were taken into use in April, and employed at the most convenient places round the *bazar* and the cantonment. Recommendations were made to improve the drainage and water-supply, and to make a sluice to the tank near the parade ground.
Jutogh . . .	1,214·6	741·3*	4·29	7·72*	Vaccination was carried on chiefly from vaccine lymph in tubes with satisfactory results: 8 cases proving successful out of 10. The removal further down the hill-side of the site of the filth-pits for the native population was being considered.
Mooltan . .	1,774·0	576·2	2·18	10·89	Malarial fevers were prevalent throughout the year. Two hundred and six persons were vaccinated with calf lymph and all the cases were successful; and out of 184 re-vaccinations 148 were successful. The market prices of food for natives were high. The improved system of conservancy with movable iron latrines was being introduced. The grant of R5,000 was expended in purchasing the necessary plant for the new system of conservancy.
Sialkot . . .	1,102·1	581·3	7·79	5·74	Vaccination was carried on with buffalo calf lymph. Fifty operations were performed with six failures. Drainage of the 12th Bengal cavalry lines and *sudder bazar* is defective. The water of some of the wells is suspicious. Accommodation for British troops is insufficient in the cold season. A scheme for the introduction of a supply of drinking-water to be carried in by pipes was under consideration. Construction of masonry surface drains both in the lines and *sudder bazar* recommended.
Dharmsala . .	...	899·1	...	10·39	Influenza, remittent and intermittent fevers, and venereal diseases were prevalent Vaccination was carried out with excellent results. Trenches are dug in *nullahs,* and filth deposited in them. There are rice-fields on the east and south of the cantonments. The water-supply of the lower cantonment is insufficient and dangerous, being open to contamination from sewage soakage; and the

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* Including Simla.

Summary of the Annual Sanitary Reports on the Cantonments—continued.

Station.	Admissions per 1,000.		Deaths per 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
Dharmsala—*contd.*					water-supply of the upper cantonment for ablution purposes is not sufficient, or sufficiently well protected, in the open *kul.* No land was manured with station sewage : the ground in the vicinity of the permanent latrines of the 1-1st Gurkhas is too confined, and the space for pits limited. The lower cantonments were condemned, and recommendations were submitted for the removal of the 1-1st Goorkha Rifles to the site of the British barracks at Bhagsu. A suggestion was made to bring water by pipes for the upper cantonments. The continued pollution of the hill-sides by burying filth is unsatisfactory. Recommended that incineration of filth should be adopted.
Dalhousie . .	1,416·0	...	22·41	...	Malarial fevers and venereal diseases were prevalent from April to October. Nine persons were successfully vaccinated out of 20, from arm to arm or by preserved lymph. The drain in the *bazar* was renewed. The continued pollution of the hill-sides by burying filth is a source of danger. Recommended that incineration should be adopted.
Bakloh . . .	...	664·2	...	9·69	Arm-to-arm vaccination was carried out with satisfactory results. The water-supply for ablutionary purposes is deficient at times during the hot weather. The continued contamination of the hill-sides by burying filth is objectionable. The incineration of filth and refuse recommended.
Amritsar . .	2,545·0	916·7	18·02	22·22	Ague and venereal diseases were prevalent. There were three cases of enteric fever of a sporadic character among the European troops. Vaccination was successfully carried on with vaccine lymph from the buffalo calf. The supply of bread and meat to the sick of European troops was sometimes unsatisfactory.
Meean Meer . .	2,812·4	1020·6	47·79	18·35	Enteric and malarial fevers were prevalent. Vaccination was carried on both among European and native troops with calf lymph direct, and from tubes. Out of 128 vaccination operations 110 were successful. Drainage indifferent within cantonment owing to the very level nature of the country. The water-supply for the British troops is impure, and the source is liable to extreme pollution at Sujanpur. The baking of the bread and the quality of the flour for European troops were on several occasions bad. Extension of the pipe water to the Royal Artillery followers' lines, native troops, *sudder* and artillery bazars, suggested.
Jhelum . . .	...	967·5	...	11·35	Fever of an intermittent type was prevalent in the 26th Punjab infantry from 7th September to 16th November. Vaccination was carried out from buffalo lymph direct from the calf, and out of 224 operations 149 were successful. The cantonment is situated on the bank of the River Jhelum. In the bed of the river there are several marshy pieces of ground. The water from the wells contains lime and chlorine salts in small quantities. A special system for the disposal of filth was introduced to improve the sanitary condition.
Rawal Pindi . .	1,677·1	720·8	9·12	12·49	Malarial fevers were prevalent among European troops from September to December, and ague of a mild type was prevalent among native troops. Of 1,605 vaccinations with calf lymph 1,111 were successful. Recommended that the movable latrine system should be introduced as soon as possible.
Murree . . .	1,442·8*	834·1†	34·83*	4·61†	Vaccination was carried on with lymph from the buffalo calf and the result was satisfactory. The water-supply from the uncovered Murree reservoir is liable to contamination. Movable iron latrines for natives were supplied.

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* Depôt.

† Murree Hills.

Summary of the Annual Sanitary Reports on the Cantonments—continued.

Station.	Admissions per 1,000.		Deaths per 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
Murree—*contd.*					A proposal was made to supply similar latrines for the compounds of nine private houses situated within cantonments. The Doorga Gali water-supply was completed and some stand-posts and taps were erected within cantonments.
Campbellpur . .	1,900·7	...	11·03	...	Ague was prevalent during October. Vaccination was carried out with lymph in tubes: out of 12 operations only 2 were successful. The hospital accommodation is insufficient, and the sick have to be put in tents frequently. A large number of movable latrines according to full scale is wanting. One filth-cart and 4 compartments of movable latrines were provided, and the provision of full scale was under consideration. Recommendations were made to enlarge the station hospital by constructing a reading and recreation room, an attendants' room, and a ward for 14 patients, to erect a dining-hall, and to improve hospital accommodation for native troops.
Attock . . .	1,629·6	421·9	30·86	...	Ague was prevalent during the last three months of the year. Vaccination wes carried out satisfactorily during the year. The water-supply was deficient in certain seasons of the year. The water from the Clyde Battery well contains lime chlorides and sulphates in large amount. The new bakery was taken into use. New latrines for servants at officers' quarters and a new canteen were erected during the year. The construction of two latrines for native followers in the fort was under consideration. The surroundings of the village of *Mullahi Tolah* in close proximity to the fort are extremely unsatisfactory, and it was suggested that steps should be taken to remedy the defects.
Nowshera . .	1,761·2	618·6	40·30	5·56	Malarial fevers were prevalent among the British troops from May to October, and enteric fever from 10th April to 18th June. Among the troops out of 6 vaccinations with lymph 3 were successful. Arm-to-arm vaccination was carried on in the *sudder bazar*, and the results were satisfactory. Most of the wells from which the water-supply of the British troops was drawn are too close to human habitations, and therefore liable to contamination at any moment. Steps have already been taken, and were being taken, to improve the water-supply by closing certain wells, cleaning others, and constructing a new one.
Peshawar . .	2,232·2	1,132·5	25·56	22·33	Malarial fevers were prevalent during the last four months of the year. Of 1,298 vaccination operations 1,215 proved successful. At certain places in the cantonment iron movable latrines were introduced. Orders were issued for the demolition of all *kutcha* latrines in compounds, and for the construction of corrugated iron latrines. A cantonment dairy was started during the year. A proposal was made to convert the nursery garden into a cantonment public garden.
Cherat . . .	1,552·9	835·6	22·03	...	Enteric fever was prevalent from May to August. The water-supply brought from Chuppri in *pakhals* is liable to occasional contamination. More wash-house accommodation for the men and proper cook-houses are urgently required. The present open air mode of cooking exposes the food to numerous risks of contamination. Movable latrines were provided for the use of the *bazar* people.
Abbottabad . .	...	1,325·6	...	12·49	Ague was very prevalent. Two hundred and thirty-three persons were vaccinated with buffalo lymph, 228 successfully. The water is hard, and contains a somewhat large proportion of lime salts. It is liable to contamination. The new movable galvanized iron

Summary of the Annual Sanitary Reports on the Cantonments—continued.

STATION.	ADMISSIONS PER 1,000.		DEATHS PER 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
Abbottabad—*contd.*					latrines were finally introduced. The married lines of the native infantry barracks and the hospital of the native infantry were roofed with iron sheeting. Recommendations were made to improve the drainage of the town of Abbottabad, and to restrict the cultivation of high crops near the lines. It was suggested that arrangements should be made for eliminating the surface water altogether. Collecting-pipes might be driven into the side of the hill at Dehri, where the series of springs arises, and the water conducted by pipes to the collecting reservoir, which should be roofed over.
Murdan . . .	...	766·5	...	15·12	Mumps was prevalent during the latter half of the year. Arm-to-arm and buffalo lymph vaccination was carried on: sixty-four persons were successfully vaccinated out of 73. The water-supply, from shallow wells, is liable to contamination. The accommodation in the fort is very faulty, the barracks being badly ventilated and lighted, and the space being insufficient. The native officers' quarters in the fort are disgracefully bad. The standing mud-built latrines were condemned. Recommendation was made for the establishment and maintenance of movable latrines. Many of the men resort to the fields outside the cantonments for the purposes of nature. The urinals consist of metal vessels sunk in the ground with a pipe leading to a receptacle outside, the ground around each being saturated with urine. The ground used for the burial of sewage is too near the hospital. The sanitary condition of the station was improved by the means adopted to prevent the growth of autumn crops within a radius of two miles from the cantonments. Several new iron movable latrines were erected near the 4th Cavalry troop in the Gurkha Serai Bakshi and in the *bazar*. It was suggested that a field should be chosen at a greater distance from the cantonment than the one at present in use for the burial of sewage, and kept constantly under cultivation, and that means should be taken to prevent the men using the open fields for purposes of nature by the establishment of more comfortable latrines. The use of a piece of land for trenching was obtained from the owner. The defects in accommodation can only be remedied by the establishment of new barracks for the men.
Kohat . . .	...	1,736·3	...	13·95	Malarial fevers were prevalent during October and November, and pneumonia during the cold months. Vaccination was very successfully carried out with buffalo lymph. The natural drainage of the station is good, but very large springs rise just above the station, and are liable to great pollution from the wash from the foul villages of Jangal and Pirkhel; and also the water from these springs passes through the station and receives much of the drainage, etc. The above defects will be removed so soon as the strip of land for the construction of a catch-drain sanctioned can be taken up. Water hard and contains salts of lime in moderate quantities; chloride of sodium, ammonia, and organic impurities in very small quantities. Overcrowding existed in the centre infantry lines, the demolition of which and their construction on a place selected were recommended some years ago, but have not been carried out for want of funds. The extension of the Kohat water-supply to the village of Chikarkote recommended.

Summary of the Annual Sanitary Reports on the Cantonments—continued.

STATION.	ADMISSIONS PER 1,000.		DEATHS PER 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
Edwardesabad .	...	1,728·8	...	21·01	Pneumonia, acute bronchitis and malarial fevers were prevalent. Vaccination was carried on both from buffalo lymph and arm to arm : out of 109 operations 105 were successful. There are large cultivated areas surrounding the cantonments. Construction of iron movable latrines in the station, recommended.
Dera Ismail Khan .	...	1,493·2	...	9·58	Vaccination was carried out with buffalo calf lymph : 125 persons were successfuly vaccinated out of 182. The water contains a considerable quantity of chlorides and sulphates.
Dera Ghazi Khan .	...	1,458·7	...	9·08	Malarial fevers were prevalent from the middle of August to the end of the year. Buffalo lymph was used for vaccination : out of 127 vaccinations 73 were successful. There are permanent latrines for cavalry and infantry, but the infantry latrines are not used for want of establishment. The men use the adjoining fields and jungle outside cantonments : there are no trench latrines. Surface drainage is bad, from insufficient fall. The water contains a large quantity of chlorides of soda and potash, and becomes very brackish if the wells are unused for some time. No part of the cantonments is manured, except in the south-east corner about 250 yards from the nearest house in cantonments. Recommended that the permanent infantry latrines should be made use of; the usual sanitary establishment was being applied for.
Rajanpur . .	...	1,486·0	...	10·18	Ague was prevalent from 28th September to 16th November. Vaccination was carried on from arm to arm, and from buffalo to arm ; and out of 94 operations 51 were successful. The water is hard, and contains chlorides.
BOMBAY COMMAND.					
Quetta . . .	2,032·0	1,099·3	14·42	17·12	Venereal diseases among British troops were prevalent throughout the year, and malarial diseases to a small extent among native troops during the summer months. Vaccination was carried on both among British and native troops : 158 persons were successfully vaccinated out of 343. Excavations exist close to, and in some parts of, cantonments, from which earth for brick-making was excavated. The scheme for improving the milk-supply was taken up. Sheds for cattle were completed. Tree-planting in the regimental lines, officers' compounds, and along all the roads, etc., was being carried on rapidly. A cantonment market was opened in June. The drainage of the *bazar* within municipal limits required immediate attention; as the *nullah* which divides cantonments from the civil lines, and which is under the control of the municipality, receives all market and other refuse, and is freely used as a latrine by the residents of the *bazar*.
Pishin . . .	...	2,288·6	...	19·90	Malaria was very prevalent from July to October. Vaccination was carried on with calf lymph obtained from Karachi, but the results during the hot weather were unsatisfactory. The water-supply runs in an open channel, liable to contamination throughout its course, following the Pishin-Loralai road for six miles, and crossed by it at several places. Two open settling tanks are used, and are contaminated by vegetable débris. Overcrowding existed in the barracks. The filters in the fort were renewed. It was suggested that proper accommodation for the guard at the treasury, a verandah in front of the quarter guard, and more accommodation for the guard, should be provided. A scheme for improving the water-supply was approved, and will be carried out as funds admit.

Summary of the Annual Sanitary Reports on the Cantonments—continued.

STATION.	ADMISSIONS PER 1,000.		DEATHS PER 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
Loralai	...	773·0	...	17·72	Ordinary malarial fevers, chiefly ague and dysentery, were prevalent. Vaccination was not satisfactorily carried on during the year; out of 68 operations from calf lymph obtained in capillary tubes only 4 were successful. Water from fort wells Nos. I, II, and III is very hard, and contains large quantities of dissolved solids, especially chlorides and sulphates. New roads were made, and the station in general much improved.
Chaman	...	879·3	...	4·16	Men were vaccinated with animal lymph obtained in tubes from Karachi. By far the large majority failed, as most of the men were protected by inoculation. The water-supply is insufficient during the hot season. Slight overcrowding existed in the fort. The hospital accommodation is not sufficient.
Fort Sandeman	...	2,356·6	...	36·54	Malarial fevers and pneumonia were prevalent Of 31 persons vaccinated with buffalo lymph from tubes only 3 showed signs of partial success. Accommodation for followers is insufficient. Vegetables were scarce; rice very dear; milk of inferior quality and dear; and mutton and goat of poor quality. It was proposed that each sepoy should be provided with a *posteen* for the cold season. Recommended that steps be taken to ensure the supply of a better quality of mutton and milk, and a continuous supply of fresh green vegetables all the year round. A scheme was under consideration for bringing in water from the Zhob river to the village of Apozai, and exchanging it for the village water that runs through cantonments.
Kurrachi	1,769·0	1,845·9	9·15	7·27	Malarial fevers were prevalent more or less throughout the year. Of 131 vaccinations, 125 were successful. Extensive marshes exist in the vicinity of the cantonment. It was suggested that, if practicable, thorough sub-soil drainage should be made, as the soil is each year becoming more water-logged, and at many places water is found about 3 feet from the surface; and that the floors of the barracks of native troops should be paved.
Hyderabad (Sind)	1,626·6	723·9	9·49	5·31	Ague was prevalent during the greater part of the year. Twenty-one persons were successfully vaccinated out of 22 from arm to arm. Between the plateau on which the cantonment stands and the Indus the country is even and flat, and liable to annual inundations.
Jacobabad	...	962·3	...	10·99	Malarial fevers were prevalent from September to November. Arm-to-arm vaccination was carried on: 121 persons were vaccinated, 87 successfully. The accumulation of old dry litter in the vicinity of the hospital left cavalry lines was removed, and the ground placed under cultivation.
Baroda	...	1,101·4	...	12·03	Ague was prevalent from September to November. Vaccination was carried on both from arm to arm, and from preserved lymph; and 38 persons were successfully vaccinated out of 69.
Surat	...	1,544·8	...	22·39	Ague was prevalent from January to March and September to November. Of 14 vaccinations from arm to arm, 12 were successful. The water-supply is slightly brackish, owing to the close proximity of a tidal river, the Tapti.
Bhuj	...	756·6	...	20·16	Influenza was prevalent from the early part of February to the end of March, and malarial fevers from August to December. Out of 39 vaccination operations from arm to arm only 12 were successful. The *nullahs* are apt to fill up during the dry weather, owing to large sand-drifts.
Deolali	2,135·0	...	9·00	...	Of 69 vaccinations with lymph only 23 were successful.
Thana	...	730·8	...	9·62	Two children were vaccinated from arm to arm, both successfully. There is no drainage in Thana of any kind. Surface drains are in working order in the lines.

Summary of the Annual Sanitary Reports on the Cantonments—continued.

STATION.	ADMISSIONS PER 1,000.		DEATHS PER 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops	European Troops.	Native Troops.	
Butchers' Island .	...	285·7	...	...	Five children were vaccinated with lymph from a heifer, all successfully. There is no latrine for females.
Colaba and Butchers' Island . . .	1,164·7	...	14·77	...	Four persons were vaccinated from lymph, and all the operations were unsuccessful. The followers' lines behind the R. A. barracks, where the house accommodation is not sufficient, were overcrowded. The latrine accommodation for natives is deficient. Measures to increase the latrine accommodation for natives were under consideration. It was suggested that a larger latrine with increased conservancy establishment should be built at Middle Colaba for the native followers of the depôt. A new system of sewerage was in course of construction by the municipality.
Bombay . . .	...	1,107·1	...	5·26	Malarial fever and bowel complaints were prevalent. Of 149 vaccination operations with lymph from the heifer, 144 were successful. Overcrowding existed in the married quarters. The latrines in the hospital have been in use for many years, and the ground seems saturated with moisture It was suggested that new lines should be built away from the *bazar*. The reconstruction of the officers' quarters in the Marine Lines was under consideration.
Ditto . . .	...	...	...	...	Simple continued fever was prevalent in February, March, and October; dysentery in March, June, August, and December; remittent fever in March; and diseases of the respiratory system in January, November, and December. Vaccination was carried on with calf lymph: 157 persons were successfully vaccinated out of 278. The servants' quarters in Marine lines are much too thickly populated. There are two latrines outside the lines, but quite close to them. In Marine Lines box latrines are used by the natives, and require perfect control, as they are very insanitary and dirty. It was suggested that properly-constructed bungalows and servants' quarters with sanitary latrines are urgently required. The situation of Boree Bunder Lines is very insanitary. This and the reconstruction of officers' quarters in Marine Lines were under consideration.
Asirgarh . . .	...	1,116·3	...	...	Only one person was successfully vaccinated out of four from arm to arm and from lymph. The water-supply in the *pettah* is bad. During March, April, and May guinea-worm was prevalent. The Civil Surgeon of Nimar recommended the *pettah* well should be closed. It was suggested that the *baoli* near the dispensary, the water of which is the cause of a large number of cases of guinea-worm, should be converted into a well, and that the *baoli* in the *bazar* which dries up in the hot weather should be entirely closed. A proposal was made to exclude the village *pettah* from the cantonment limits and to hand it over to the civil authorities. It was under contemplation to make Asirgarh a convalescent depôt for the British troops in the Mhow District.
Indore . . .	2,226·4	845·4	9·43	4·83	Venereal diseases were prevalent among British troops throughout the year. The Vaccination Act and Cantonment Regulations are not in force in this station.
Nasirabad . .	1,790·0	1,325·2	14·53	3·48	Of 780 vaccination operations 662 were successful.
Neemuch . .	2,481·7	985·4	13·76	3·25	Smallpox was prevalent in the *bazar* during March and April. Vaccination was successfully carried on during the year: out of 710 operations from arm to arm, 662 were successful. The working of the conservancy of the Neemuch bazar, which was at first entirely

Summary of the Annual Sanitary Reports on the Cantonments—continued.

STATION.	ADMISSIONS PER 1,000.		DEATHS PER 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
Neemuch—*contd.*					left in the hands of private agency, was undertaken by the cantonment committee.
Mhow	1,772·8	846·5	23·75	6·67	Enteric fever was prevalent among the 2nd Durham Light Infantry, and 12 cases of dengue occurred among the 19th Regiment, Bombay Native Infantry. Arm-to-arm vaccination was carried out both among European and native troops; and 450 persons were successfully vaccinated out of 657. The ground used for the deposit of filth is cultivated every third or fourth year. It is too limited, and consequently has become supersaturated with filth, and eventually become a course of danger. During the rains several places in cantonments become marshy and water-logged. The main *nullah* leading from the *bazar*, which receives slop sewage and surface water, requires to be further improved and paved. The surface drainage throughout the cantonment is defective, and requires a great deal of improvement. The water-supply from Baircha tank, which is liable to contamination, requires filtration. The native regimental latrines are not at all satisfactory; their construction is faulty, and tends to soil-pollution. Open drains were being laid down in different parts of the *bazar*. The following suggestions were made:—To improve the suface drainage of the *bazar* main *nullah* leading from the *bazar*, surface drainage at the cavalry lines, particularly at the stables, and surface drainage throughout the cantonments; to plant trees in certain positions in order to absorb filth and moisture; to use the Baircha water after filtration; to obtain an increased area of land for the manure yards; to establish a Government dairy or dairies under proper supervision; and to improve the native infantry lines, and the latrines at private bungalows. The beds of several *nullahs* passing through the *bazar* and camp were paved with stones, and several new drains constructed. New iron public latrines in place of the old ones were built during the year.
Kamptee	958·8	840·8	16·75	7·73	Venereal diseases were prevalent amongst British troops throughout the year, and fevers of a malarial type, chiefly intermittent, were prevalent amongst native troops, especially in October. Vaccination was carried out both among British and native troops; and twenty persons were successfully vaccinated out of 23. The following improvements were made in the lines of the 12th Bombay Infantry:—Three latrines on the District Latrine pattern (two for regimental followers and one for hospital followers) were erected; the drains in front of the married quarters were set with concrete and *chunam* with proper slopes; and a large drain, running south-east, from the Right Flank Lines, was dug for "surface drainage."
Sitabaldi	2,181·8	1,170·2	...	...	Three hundred and fifteen persons were successfully vaccinated out of 323 from calf lymph. The quality of the meat was at times inferior. The night latrines attached to the barracks were smelling disagreeably of urine, and the nuisance was rectified by removing the urinals from the night latrines and placing them in the day urinary in rear of the canteen. The old and defective Macnamara filter in use with the European detachment was condemned and replaced by a new pattern Macnamara filter.
Raipur	...	827·2	...	13·82	Ague was prevalent during September, October, and November, and was doubtless due to the existence of numerous tanks and much marshy ground in and around cantonments.

Summary of the Annual Sanitary Reports on the Cantonments—continued.

STATION.	ADMISSIONS PER 1,000.		DEATHS PER 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
Raipur—*contd*					Of 93 cases vaccinated from arm to arm 59 were successful; but most of the unsuccessful cases were successful on re-vaccination. The latrines in the lines are very badly constructed (of split bamboos and rafters) on an old and obsolete plan; and, though kept as clean as possible, are not satisfactory. It was suggested to improve the drainage of the eastern part of the cantonments by filling or cutting the ditch and bank known as "Chisholm's Folly," and thus prevent the water accumulating in that part of cantonments during the rainy season. It was recommended that the most unsatisfactory latrines in the native infantry lines of this cantonment should be replaced by latrines of the Horbury pattern.
Sambalpur	...	790·3	...	7·49	Ague and dysentery were prevalent. They are said to be due to the country for miles around being under rice cultivation. Vaccination was carried on from arm to arm; 14 persons were successfully vaccinated out of 15. Measures were being taken to improve the drainage of the native infantry lines.
Poona	1,342·2	1,000·8	13·27	4·97	Among British troops ague was prevalent during and after the rains, and venereal diseases throughout the year. There were also 32 cases of enteric fever among the British troops. Vaccination was carried on among the British troops from calf lymph: 97 persons were vaccinated and all the operations were successful; and among native troops 313 persons were successfully vaccinated out of 373. The reservoir in the right native infantry lines being uncovered, the water is liable to contamination by débris carried in by wind. Funds were sanctioned for the covering in of this reservoir in August 1894, and the work will be taken in hand shortly.
Malegaon	...	1,230·0	...	10·00	Sixty-three persons were successfully vaccinated out of 65, from arm to arm. Public latrines are not provided with *pucca* gutters to drain away the rubbish water. The urinals are also faulty and unsuitable to the wants of the inhabitants. Recommended that the existing urinals be either removed or built with pavement seats and proper drainage, and that *pucca* gutters be made to every latrine with a covered reservoir buried at the end of it to remove the rubbish water and keep them clean.
Purandhur	1,030·5	...	22·90	...	Two children were successfully vaccinated out of nine from arm to arm and from tube lymph.
Satara	1,668·2	731·2	9·35	23·63	Cholera was epidemic in the native infantry regiment from 3rd May to 11th June, and was due to importation. Vaccination was carried on among European troops: four children were primarily vaccinated and two men re-vaccinated with lymph from tubes. Drinking-water in the fort from a well requires filtration.
Rajkot	...	1,471·5	...	6·19	Ague and malarial fevers were prevalent from 10th August to 21st December. Of 1,008 vaccinations from arm to arm, 898 were successful. The water-supply is insufficient in quantity. Suggestions were made to entertain an additional filth-cart, and to lay on water into cantonments from the Randerda lake. The removal of the dirty and insanitary cavalry *bazar* was recommended.
Deesa	1,306·2	991·2	2·71	2·93	One hundred and thirty-eight persons were vaccinated from arm to arm, and all the operations were successful. Application was made to substitute movable latrines in place of the permanent and filtry *bazar* latrines.

Summary of Annual Sanitary Reports on the Cantonments—continued.

STATION.	ADMISSIONS PER 1,000.		DEATHS PER 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
Ahmedabad	2,974·6	2,024·9	33·90	24·90	Influenza was prevalent among the men of the 16th Bombay Infantry during April and May, and was said to be due to infection. Among British troops two children were vaccinated from lymph, and both the operations were unsuccessful; among native troops 97 persons were successfully vaccinated out of 117; and in the *sudder bazar* 28 successful operations were made.
Aden	1,837·0	3,193·0	16·21	15·14	Dengue was prevalent in January, and malarial fever in May and June. Vaccination was carried on from tubes and direct from arm to arm: out of 44 operations 15 were successful. There is practically no drainage in cantonments. Vegetables are deficient.
Sirur	...	898·2	...	11·74	Cholera was epidemic among the civil population in June. In September there were two or three cases. Two cases occurred in cantonments in October. Two hundred and fifteen persons were successfully vaccinated out of 257, from arm to arm.
Kirkee	1,216·2	1,029·5	9·01	6·88	Venereal diseases were prevalent throughout the year, and ague specially from April to September. Vaccination was carried out from calf lymph. The accommodation for the detachment of 2nd Middlesex Regiment is much below that allowed by regulations. This question of overcrowding was being considered by His Excellency the Lieutenant-General Commanding the Forces.
Ahmednagar	740·0	601·0	17·98	...	Enteric fever was prevalent from 20th January to 12th August (altogether 46 cases and 11 deaths). This was due to contaminated water-supply. Vaccination was carried on both from arm to arm and from the calf: 201 persons were successfully vaccinated out of 207. None of the land used for trenches was cultivated. There is much waste from the Bhingar aqueduct supplying the British infantry part of cantonment, and in dry years the supply runs short. The aqueduct is liable to contamination throughout its course. The accommodation in the infantry barracks is insufficient. Owing to failure on the part of the Bhingar authorities to properly fill in their filth trenches, which immediately adjoin those of the *sudder bazar*, nuisance often arises. The same defect occurs at the Ahmednagar city municipality trenches to the south-west of the Royal Artillery barracks. The civil authorities have been addressed with a view to stopping the nuisance. To construct the drains from barracks Nos. 88, 97, and 108, and divert the water to the *nullah* running by the south of the Protestant church, through the remount depôt to the Bhingar *nullah*, was being considered. It was recommended that open drains should be substituted for the present underground pipes for carrying bath water, etc., from the married quarters of the Artillery lines. It was suggested that the Bhingar aqueduct might be tapped at about gauge No. 16 (which is above the cultivated and fouled ground), the water pumped from there to settling tanks on Bhingar Hill, and thence distributed in iron pipes of small diameter, under pressure, to the cantonment, especially the British troop lines. The water-supply for British troops was boiled from June 5th to October 7th.
MADRAS COMMAND.					
Secunderabad	1,286·6	1,032·6	9·89	9·43	Enteric fever and venereal diseases were prevalent amongst British troops, and ague and cholera amongst native troops. Vaccination was carried on with lanoline paste; and 2,283 persons were successfully vaccinated out of

Summary of the Annual Sanitary Reports on the Cantonments—continued.

STATION.	ADMISSIONS PER 1,000.		DEATHS PER 1,000		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
Secunderabad—*contd.*					2,933. The drainage of the native town is decidedly defective. That of the station is more or less natural: ditches run down the sides of the roads. Wet cultivation is carried on in several portions of the cantonment, *i.e.*, in the Nizam's villages. Water-supply for the British troops from wells is fair, but somewhat limited in the hot months. Water from many of the wells, used by the native troops and civil population, as wells by most of the officers, is brackish. The urinals in the *sudder bazar* require to be connected with sewage drains. The drainage and water-supply schemes were in progress.
Berhampur . .	...	475·5	...	12·92	Malarial fevers were prevalent throughout the year. Four hundred persons were successfully vaccinated out of 761 with lymph. The trenched ground in which the excreta removed from the regimental lines were deposited, has not been placed under cultivation. The drainage of tne native town is defective. There are marshes in the vicinity of the regimental lines, though not actually adjacent. The number of houses available in the regimental lines, is not sufficient. The lines are very old, and in a tumbled down condition. The situation is bad, being closed in on two sides by native bazars and with low marshy ground on the north. There is no ventilation in the huts, and no drinking-water within the lines. The latrines and urinaries in connection with the barracks and regimental lines are not in a satisfactory condition. It was suggested that new lines on a new site away from the native town should be built.
Vizianagram . .	...	579·0	...	17·28	Beri-beri and ague were prevalent more or less throughout the year. Of 81 vaccinations with calf lymph, 76 were successful. The water-supply was very deficient in quantity in the hot weather, and bad and suspicious in quality. A fresh well was being dug.
Belgam . .	1,172·0	354·8	6·78	4·03	Venereal diseases were prevalent among British troops throughout the year. Vaccination was carried on from lymph: of 179 primary operations and 157 re-operations, 156 and 73 were successful respectively The night-soil is deposited in manure pits just outside the cantonment. The ground thus occupied is not under cultivation. The system by which the night-soil and urine are removed together is defective.
Bellary . .	1,088·0	584·4	6·17	4·28	Venereal diseases were prevalent amongst European troops throughout the year. Vaccine operations were performed with fresh animal lymph taken direct from the calf. Out of 2,937 operations 2,776 were successful. The fall of the drainage is insufficient. The municipal system of disposal of sewage is bad. The pits are too deep, and the sewage is not sufficiently covered with earth. Filth is also thrown on the ground in bulk and left to decompose. This, however, is on the opposite side of the town to the barracks. For many reasons the conversion of Bellary into a cantonment was being considered.
Saint Thomas' Mount	1,553·5	369·9	12·23	...	Vaccination was carried on from calf lymph: out of 294 operations 253 were successful. There is merely surface drainage within cantonments to carry off rain water. The water-supply from wells is deficient in the hot weather. The water from several wells is bad and suspicious. The conservancy arrangements were improved. A new well was dug in one of the parcharies in place of one that fell in. Sanction was asked for starting a grass farm, which will provide a satisfactory method of disposing of night-soil and rubbish. It was suggested that either the

Summary of the Annual Sanitary Reports on the Cantonments—continued.

STATION.	ADMISSIONS PER 1,000.		DEATHS PER 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
Saint Thomas' Mount —*contd.*					Madras water system should be extended to the cantonment or that a fresh supply should be obtained from Chembarambakkam tank, some 5 miles away.
Pallavaram . .	1,218·2	...	...	...	Venereal diseases were prevalent amongst British troops during February and November, and malarial cachexia, rheumatism, etc., amongst native troops throughout the year. A large tract of ground is under wet cultivation, stretching from north-east to south-west for some miles beyond cantonment. The quality of the water was pronounced suspicious in some of the wells; and the water of No. 7 well is unfit for drinking purposes.
Bangalore . .	988·2	515·6	8·51	5·79	Cholera was prevalent from 7th April to 14th June and from 5th to 16th August, and venereal diseases were prevalent amongst British troops throughout the year. Vaccination was carried out among British troops, native troops, and followers. Nine hundred and eighty-one persons were successfully vaccinated out of 1,107, both from arm to arm and with preserved lymph. The water-supply is deficient and of indifferent quality. The drinking-water for the British troops is obtained from the slaughter-house well, which is shallow, and liable to be contaminated with subsoil soakage. A report on the condition of the slaughter-house well, with suggestions for securing it from pollution, and for improvement in the method of drawing and distributing the water, was submitted, and measures were being taken to carry out the improvements suggested.
Cannanore . .	1,066·7	754·8	28·57	...	Cholera was prevalent. Of 1,907 vaccination operations with lymph prepared with glycerine, 1,784 were successful.
Quilon . . .	...	834·4	...	18·87	Fevers were prevalent during the south-west monsoon, that is, from June to August, and also during the prevalence of the "land (east) winds" from November to March, and itch and ulcer throughout the year. Out of 206 vaccinations, only 91 were successful. There is no drainage either in the cantonment or in the regimental lines. The soil is sandy, and the rain water, etc., quickly sinks in and disappears. A large ditch to the east of the lines is in a wet or swampy state the greater part of the year. There is a good deal of wet rice cultivation within and around the cantonment. The water-supply from superficial wells in a sandy soil is liable to contamination from percolation. Especially liable to pollution are those wells situated within the lines, where they are surrounded by private latrines, from which there is constant soakage into the soil. Many of the wells are not provided with a protecting platform round them. The huts of the sepoys were overcrowded. There is no impermeable flooring in the private latrines of any of the sepoy huts, and consequently there is much soakage into the soil of urine, solid excreta, and dirty water. There is no means for removal of urine. The excreta are scraped up once a day, put into baskets and removed to the filth-cart. Personal cleanliness was neglected by the recruits for some time. Food of good quality is obtainable at ordinary prices, except rice, which is rather dearer. Some of the wells in the regimental lines were cleaned out, deepened and repaired. An attempt was made to provide the private latrines of each sepoy's hut with *chatties* for the reception of urine and of fæces, and thus to prevent soakage of these into the soil and to facilitate removal: but it was not very successful. Bathing parades twice a week for the recruits were instituted.

Summary of the Annual Sanitary Reports on the Cantonments—continued.

Station.	Admissions per 1,000.		Deaths per 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
Quilon—*contd.*					Suggestions were made that all cantonment wells should be provided with good masonry platforms and drains around them, and that many should be repaired ; that fair-sized *pucca* built huts raised off the ground should be built for the troops, as the present huts are not fit to live in ; that the system in native lines of a private latrine for every hut, which is bad, should be done away with, if possible, and the floors of the latrine made *pucca* ; and that some means for the removal of urine, and better means for the removal of night-soil than at present exist, should be provided. Recommended that *pucca* lines should be erected on a new site.
Trichinopoly . .	...	461·1	...	8·55	There were five cases of cholera among the 1st Pioneers. Nine hundred and fifty persons were vaccinated from animal lymph, 878 successfully. The North Hutting Lines are in close proximity to the native town and bazar. Hence, as a rule, the regiment quartered there is more exposed to contagious and infectious diseases than the one in the South Hutting Lines. The large paddy field just in front of the lines is a source of malaria. The municipal drain into which the drain of the lines empties itself is not on a proper level. There are no *pucca* drains in the South Hutting Lines. Some overcrowding existed in the bachelors' quarters in the South Hutting Lines. In the North Hutting Lines suitable courtyard latrines are badly needed. The attention of the municipal authorities was drawn to the wrong level of their drain near the North Lines, and the attention of the Officer Commanding the regiment occupying the South Lines was called to the overcrowding of the bachelors' quarters.
Mallapuram . .	1,269·0	..	13·79	...	Steps were being taken to demolish the hovels near the Roman Catholic chapel and Mr. D'Lemo's insanitary buildings.
Poonamallee . .	1,487·2	...	64·10	...	Of 27 vaccinations from calf lymph, 24 were successful.
Ramandrug . .	1,236·8	...	...	...	An additional well was being sunk to meet the requirements of the troops in case their strength is increased, and an additional latrine was constructed in case the native followers are increased.
Wellington . .	1,180·8	...	5·40	...	Cholera was prevalent in January. Eight persons were successfully vaccinated out of 24, from lymph. There is one small artificial lake close to and south of the barracks. The valleys are marshy. Accommodation for the troops was insufficient. Three "D" Company cook-houses were being constructed. One new latrine was built in the *bazar*. Two new portable latrines were about to be erected for the convenience of the native followers in the European lines. Recommendation was made to extend the east of No. 2 block so as to afford accommodation for 19 more patients, also to appropriate the present hospital for women and children. A new hospital for women and children, and also nurses' quarters, are to be built. It was suggested that surface masonry drains should be constructed inside the station hospital enclosure, and that the outside drains, which are merely channels carrying off rain and bath water, should be made of masonry.
Rangoon . . .	1,602·8	871·4	19·15	14·48	Vaccination was carried out from arm to arm and from paste or lymph : the result from the latter was not very satisfactory. In the rains the ground in many places becomes marshy. The amount of malarial fevers was by no means great among Europeans, though bowel diseases were rife at the beginning of

Summary of the Annual Sanitary Reports on the Cantonments—continued.

Station.	Admissions per 1,000.		Deaths per 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
Rangoon—contd.					the rains. Water-supply is deficient in the dry season, and is liable to contamination. The artillery barracks are too small for the accommodation of two companies, and a number of men are quartered at Syriam. The accommodation of the artillery is bad generally : the wash-houses in particular are disgraceful. Much overcrowding existed in the *sudder bazar*. There are too many private latrines in cantonments generally, and their supervision is very expensive,—impracticable with present funds. With the exception of the trench latrine for British infantry followers, the " removal system " is general, but cannot be carried out efficiently owing to the number of private latrines. Land for the burial of sewage is very limited, and trenches have to be reopened far too soon. There is a great want of cleanliness. The conservancy staff is insufficient. Incineration of filth was tried, but proved a failure. Several different methods were under consideration for disposal of sewage.
Moulmein . . .	...	850·5	...	6·23	Vaccination was carried on satisfactorily during the year ; out of 53 operations with lymph obtained direct from the calf, 50 were successful. The water-supply was deficient in the hot weather. Slight temporary overcrowding existed in the lines.
Shwebo . . .	1,543·2	520·0	4·12	8·57	Venereal diseases were very prevalent during the whole year, and ague during the latter part of the year. Ten persons were successfully vaccinated out of 67, from calf lymph. The surface of the ground within cantonments is irregular, and there are many low-lying places where water accumulates. The water-supply is liable to contamination at its source,—an open tank. There was slight temporary overcrowding when the garrison was at its full strength. The married quarters are unbearably hot in the hot weather, and are not fit for women and children to inhabit during the day. European vegetables were scarce during the hot weather and rains. Recommended that the ground-floor of the married quarters and barracks should be bricked in to give increased accommodation, and that the compounds of the bungalows and station hospital should be enclosed. Suggestion was made for more surface drains and levelling.
Thayetmyo . .	1,284·9	474·4	12·54	14·65	Ague and venereal diseases were prevalent among the British troops. and among the native troops fevers were prevalent during the cold weather, and bowel complaints during and after the rains. Calf lymph was used for vaccination both among British and native troops: out of 34 operations 26 were successful.
Myingyan . .	...	733·1	...	22·91	Fifteen cases of cholera occurred in cantonment, 14 between 22nd July and 26th September, and 1 in December. Vaccination was carried on almost wholly from calf lymph or arm to arm : out of 8 operations 2 were successful. The method of distribution of water is inconvenient, expensive, and by no means free from risk of contamination. A new slaughter-house was built on a fresh site, the old one being objectionable on account of its proximity to the military hospital. A cholera hut was built on the outskirts of cantonment. A new cook-house was erected for the 3rd Regiment, Madras Light Infantry. Several new temporary latrines were provided on arrival of the 21st Madras Pioneers and No. 3 company, Queen's Own Sappers and Miners. Some *pucca* drainage was laid down near the largest of the permanent barracks. A pipe system of water distribution was suggested.

Summary of the Annual Sanitary Reports on the Cantonments—continued.

STATION.	ADMISSIONS PER 1,000.		DEATHS PER 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
Mandalay	1,513·6	927·0	6·03	13·45	Among the European troops venereal diseases were prevalent throughout the year, and congestion of the liver and rheumatism slightly prevailed in August. There were 8 cases of enteric fever during the year, 4 of which occurred in August. Among the native troops ague, dysentery, diarrhœa, inflammation of the intestines (catarrhal), venereal diseases and conjunctivitis were prevalent. Vaccination was carried on either from the calf direct or with calf lymph prepared with lanoline; 724 persons were successfully vaccinated out of 899. The drainage of the eastern part of the cantonment is defective: there is a lot of paddy cultivation, and stagnant water lying about, which it is difficult to draw away. The water-supply is open to contamination. Measures were being taken to prevent contamination of the water-supply, and to unsilt the most important of the main drains. Suggestions were made to improve the drainage and conservancy arrangements.
Meiktila	1,553·3	379·6	5·92	1·42	Vaccination was carried on both among British and native troops, but the results were not very satisfactory. The water-supply from a large lake is open to contamination. Some overcrowding existed in the native infantry barracks. Suggestions were made to increase the barrack accommodation for native infantry and to improve the method of obtaining and distributing drinking-water.
Maymyo	...*	...*	...*	...*	None of the paths are drained. A *jheel* arises in cantonment during wet weather. There is a marsh on two sides in the vicinity of the cantonment. The water is supposed to contain a certain amount of magnesium salts. The latrines are in bad condition. The price of meat was very high. Suggestions were made to drain the small *jheel* that arises between the main road and barracks, and to drain the paths. It was proposed to plant eucalyptus trees in the swamps in view to drying them up if possible.
Bhamo	1,431·8	1,137·3	3·79	13·57	Ague was prevalent, and was due to low-lying and marshy land all round the cantonment, which is also surrounded by jungle and consequently very malarious. Twenty-seven persons were successfully vaccinated out of 62, with lanoline paste. The land used for trench latrines and for trenches in which to bury the deposit from the latrines had not been placed under cultivation. There are very unsatisfactory shallow surface drains dug in the soil near the wash and cook houses, and along many of the roads inside and outside of the fort. The few masonry drains built round the men's bungalows do not carry off the water. The cook-house of No. 2 barrack, British lines, is too near the day latrine. On the north and north-west of the fort is an ill-smelling marshy piece of ground separated from the fort-wall by a large moat of stagnant water. On the south and south-west the *maidan* is invariably flooded many feet deep throughout the rainy season by the River Irrawady. Just south of the battery lines is a deep hollow and consequent marsh, which, though draining out towards the flooded *maidan*, is very rank in the rainy season. To the west there are two or three *jheels* just outside cantonment limits. There are several offensive *nullahs* within and outside cantonment. Water in the good wells runs low during the dry season. Close to No. 2 well, British lines, is a wash-house with no proper accommodation for carrying away foul water—hence great danger of contamination. A few masonry drains were built

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* Included with the figures for Mandalay.

Summary of the Annual Sanitary Reports on the Cantonments—concluded.

STATION.	ADMISSIONS PER 1,000.		DEATHS PER 1,000.		Diseases prevailing, sanitary defects, suggestions, improvements, etc.
	European Troops.	Native Troops.	European Troops.	Native Troops.	
Bhamo—*contd.*					round some of the bungalows, wash-houses and cook-houses, but they do not all carry off the water satisfactorily, and not to a sufficient distance. A dam was constructed between the moat and the low ground to the south-west of the fort. It was suggested that the entire fort should be furnished with a complete and satisfactory system of masonry surface drains; that the cook-house should be removed; and that the moat should be filled up.

SECTION IX.

CIVIL SANITARY WORKS.

Bengal.

189. In Bengal, excluding Calcutta, there are 146 municipal towns. The income of these in 1894, added to a credit balance from the previous year, was R43,14,317, against R37,39,825 in 1893; of this amount, R20,86,826 was devoted to sanitation, or R4,79,668 more than in 1893. On water-supply, R4,28,421 were spent, as compared with R2,14,516 in 1893, and on drainage, R2,74,218, an increase of R91,028. The average percentage of income spent by the municipalities on original sanitary works was 8·06, the highest percentage being 77·73 in Arrah, where, however, a loan from Government had been received, 53·38 in Muzaffarpur, and 30·56 in Purulia. In 49 municipalities nothing was spent under this head. On sanitary works of an annually recurring nature, the average percentage of their income expended by the municipalities was 40·31, varying from 61·48 in Bettiah, to 5·64 in Debhatta. Many improvements, such as the digging of tanks and wells, the provision of latrines and the construction and repair of surface drains, were carried out in rural areas by the District Boards and by private individuals. The amount contributed by the latter for these purposes was R2,51,453, against R3,69,889 given in 1893.

Considerable improvement is stated by the Provincial Sanitary Commissioner to have taken place in the disposal of the night-soil of towns. In many places excreta are properly trenched, and the ground carefully levelled and cultivated.

The most important sanitary event of the year was the completion of the water-supply works at Arrah, which were opened by the Lieutenant Governor in April. The filter-beds were at first found to act imperfectly, but were reconstructed, and the water-supply is now excellent in quality and is appreciated by the people.

The works for the water-supply of Howrah are in progress, and it is expected will be completed early in 1896, at a total cost of 15 lakhs of rupees.

The Sanitary Board met on three occasions, more frequent meetings being impossible owing to the absence on tour from head-quarters of the members. The principal subjects discussed at these meetings were, (1) the duties of the Sanitary Engineer; (2) the Bengal Sanitary Drainage Bill, which has for its purpose the construction of drainage works to improve the sanitary condition of local areas; (3) the state of the Darjeeling water-supply system, which was ascertained to be in good order; (4) extension of the Bhagalpur water-supply; (5) the Dacca sewerage scheme; (6) a report by the Sanitary Engineer on the proposed scheme for the water-supply of Berhampur.

The following important preliminary estimates were prepared under the orders of the Board:—

(1) A drainage scheme for the Hooghly Municipality, to cost R1,00,000.

(2) Alternative schemes for the supply of filtered water to the town of Midnapore to cost R2,90,000 or R4,10,000, respectively, according as the quantity of water supplied daily is 10 or 20 gallons a head.

(3) A scheme for the supply of filtered water to Berhampur. The Maharani Surnamoyi, C.I., has generously undertaken to defray the cost of the scheme, provided that it does not exceed R2,21,000. This is about the amount estimated by the Board, but complete details cannot be furnished until the source of supply is determined.

Estimates and plans for the following projects were considered :—

(1) The supply of filtered water to the municipalities of Cossipore, Chitpore, and Maniktolla by the Corporation of Calcutta; these were approved by the Board.

(2) The extension of the water-supply of Bhagalpur; the design accepted by the Municipal Commissioners was not approved by the Board, so it was referred to the municipality.

(3) The construction of a tank at Faridpur; approved by the Board.

(4) The drainage of Comilla; the scheme submitted was considered insufficient.

The Board gave advice regarding designs for settling tanks at Darjeeling. They again considered the proposal that a lake should be formed at Jessore by damming the River Bhairab, but condemned the scheme because, even if its cost was not far beyond the means at the disposal of the Municipal Commissioners, the result would not improbably be to render Jessore unhealthier than ever.

During the year, surveys for sanitary works were being carried out under the auspices of the Board in the following towns, namely, Howrah, Ranaghat, Kushtia, Rajpur, Gaya, Kalna, Nadia, Santipur, and Kumarkhali.

Assam.

190. The total income of the municipalities, stations, unions and towns in Assam in 1894, was R1,96,147, as compared with R1,91,612 in the previous year. The expenditure on sanitary works was R1,35,614, or 63·27 per cent. of the income, but this included R36,329 spent on roads and bridges, leaving R99,285 for sanitary works proper. The sums devoted to water-supplies aggregated R24,363, and those to conservancy R52,149.

Although steady progress was made in the measures adopted for the improvement of the water-supplies, drainage and conservancy of the head-quarter and subdivisional towns of the province, no sanitary work of any magnitude was begun or completed.

At Shillong, the water-supply continued good, and a new main was laid down during the year. At Gauhati, although a sufficient length of piping was procured to enable the barge in connection with the water-supply works to be anchored in the main channel during the cold weather months, it was found that the pump was not sufficiently powerful to raise water to the supply-well. Water has therefore still to be taken from near the river bank, where it is very liable to pollution. A grant of money has been obtained from the local Administration for improving the water-works of this municipality; arrangements are being made to enlarge the settling tanks and to render the filtering beds more efficient. At Sylhet, work on the water-supply scheme was temporarily suspended, after the well had been sunk to a depth of 37 feet, owing to the tube of the experimental well having become tilted. It is intended, if it is possible, to sink a series of wells and pump water from them to reservoirs on the Manarai Tila.

Most of the other towns in the province are merely overgrown villages and no elaborate water-supply schemes are possible or necessary for them at present. The great difficulty is to devise satisfactory conservancy arrangements for them. They occupy large areas, and in many places the members of the conservancy establishment have to be brought from a distance. Owing to the water-logged condition of the ground, the disposal of night-soil efficiently by trenching is impossible during a part of the year, and hitherto the incineration of night-soil and rubbish has, as indicated in last year's report, been unsuccessful. Another year's experience has, however, shown that, if the incinerators are properly built in the first instance, and their working carefully supervised, night-soil can be disposed of completely without nuisance, no other fuel than street and *bazar* sweepings being required. This has been accomplished during the year at Manipur by means of an incinerator on Young's pattern, and at Silchar, by one on Rennick's pattern.

Much attention has been given to rural sanitation, but the Chief Commissioner points out that little can be done until the people have been educated to appreciate its benefits.

No formal meeting of the Sanitary Board was held during 1894, but papers regarding the measures to be taken in order to stop the ravages of *Kala Azar* were circulated among the members. At a meeting held early in 1895, the question of recommending a Village Sanitation Act for Assam on the lines of the Village Sanitation Act of the North-Western Provinces and Oudh was discussed.

North-Western Provinces and Oudh.

191. The total income of the 103 municipalities in the North-Western Provinces and Oudh in 1894, excluding an opening balance, was R60,81,841. The expenditure on water-supply, including a part of the capital cost of certain water-works, was R20,23,609, on drainage R2,19,017, on conservancy R 8,03,480, and on markets and slaughter-houses R34,834.

The following notes relate to only the more important works :—

(1) The Cawnpore water-works were opened by the Lieutenant-Governor, Sir Charles Crosthwaite, on the 17th of March. The supply of filtered water was begun on the 20th March, and was continued until the end of the year; during this time 236,048,338 gallons of water were supplied, equal to five gallons per head of the population, daily. The results of analyses of the water were generally good, and of bacteriological tests very satisfactory. Owing to delay in passing the bye-laws, only twenty-two house connections were made during the year.

(2) The Lucknow water-works were opened on the 21st July, and, up to the end of the year, 65,809,757 gallons of water were pumped into the distribution mains. Although at first somewhat turbid, frequent analytical and bacteriological examinations show that the water is of good quality. Fifty-three miles of drains are now flushed daily from the hydrants.

(3) The water-supply from the new works at Naini Tal and Mussoorie was maintained during the season. The provincial Sanitary Commissioner points out that the existing systems of supply for these hill stations are defective, as neither admits of much extension, and the pumping arrangements and machinery, especially at Naini Tal, are defective.

(4) At Dehra, the extension and improvement of the water-supply, so as to supply Rajpur and important villages on the line of the Rajpur-Dehra road, were sanctioned.

(5) Sanction was accorded to the Meerut water-supply scheme. The

intake from the Ganges Canal will be at the Bhola falls, about eight miles distant from the town and cantonment.

(6) At Agra, the amount of water supplied from the works was 342,156,597 gallons, equal to 6·69 gallons a day per head of the population. An extended series of chemical and bacteriological examinations were carried out, and the public water-supply was invariably reported to be of good quality. Sixty house connections were made during the year, the total being 506.

(7) At Allahabad, 426,054,139 gallons of water were supplied, equal to seven gallons daily per head of the population. The quality of the water was, as a rule, pronounced by the city analyst to be excellent. The number of house connections made during the year was 283, raising the total to 718. Seventeen miles of the city drains were regularly flushed from the hydrants.

(8) At Benares, 452,427,143 gallons of filtered water were supplied during the year, equal to 5·90 gallons daily per head of the population. The water was shown by analysis to be of a high standard of purity. The large number of house connections, which, by the addition of 829 during the year, reached the large number 2,377, is a testimony to the growing popularity of the supply. An important defect in the water-supply schemes for the towns in the North-Western Provinces, which had to be allowed to exist in order to minimise cost, was the intermittent system of supply. This defect is being met by the construction of service water-reservoirs, which, by maintaining pressure in the mains, will permit of the supplies being made constant.

(9) At Agra, drainage and paving schemes are being carried out; 852 feet of covered drains and 7,747 feet of open drains were constructed, and 28,368 superficial feet of brick and stone paving were laid during the year.

(10) At Benares, a portion, amounting to 46 per cent., of the length of the main sewer was completed, and it is expected that the work will be finished by March 1896. None of the branch sewers were begun to be constructed during the year.

(11) At Cawnpore, the new drainage works in the *Sadr Bazar* were completed in August. During December, surveys were begun for similar works in Nawabganj and old Cawnpore.

(12) For Naini Tal, where the arrangements for the disposal of sewage are defective, a scheme of sewage filtration was sanctioned to admit of the discharge of a pure effluent. The works were approaching completion.

The constitution of the Sanitary Board remains unchanged; it consists of the two Secretaries to Government in the Public Works Department, the Secretary in the Financial Department, the Inspector-General of Civil Hospitals, the Sanitary Commissioner and the Sanitary Engineer to Government, as permanent members, with the Commissioner and two native gentlemen of the division in which a meeting takes place, as additional members.

The Board met five times during the year, four times at Naini Tal and once in Lucknow. The following were the more important matters which engaged attention :—

(1) Draft rules under Section 20, Clause (2), (*f*) (*g*) and (*h*) of the

Village Sanitation Act of 1892, were again discussed, and, after amendment, submitted to Government.

(2) The question of prohibiting the practice of exhuming the corpses of persons dead of cholera in order to burn them, was discussed. After considering the replies of district officers and influential native gentlemen who were consulted, the Board decided that the practice should be absolutely prohibited; this can be done without in any way interfering with the religious feelings of the people. In communicating their opinion to Government, the Board advised the prevention of the practice, by the prosecution of offenders under sections 268, 269 and 270 of the Penal Code, rather than by framing special rules under the Village Sanitation Act, which will not be applied throughout the province for some time to come.

(3) Reports on measures taken to remedy obstruction to drainage in the Canal districts were received and considered.

(4) A memorandum prepared by the Sanitary Commissioner explaining the existing system for the registration of vital statistics, was forwarded to Government, with suggestions for the improvement of the system.

Punjab.

192. The income of the 151 municipal towns in the Punjab in 1894 was R43,33,786, and, as there was an opening balance of R10,92,784, the available funds amounted to R54,26,570. A sum of R11,85,311 was spent on sanitary works, but this includes R5,15,730, the cost of conservancy establishment, and R2,11,738 expended on roads and bridges. On water-supply, including the cleansing and repairs of wells and tanks, R1,75,814 were spent, against R2,15,636 in the previous year, while on drainage and sewerage the expenditure was R2,13,563, as compared with R77,171 in 1893. The amount realized from the sale of manure and town sweepings, which had fallen from R1,28,804 in 1892 to R1,13,733 in the following year, was R1,23,644 in 1894.

During the year, the water-supply schemes of Delhi, Dalhousie, Dunera and Murree were completed, that of Umballa City was in progress, that of Bhiwani was about to be begun, while schemes for the supply of Amritsar, Sialkot, Haripur and Dera Ghazi Khan were considered. The drainage schemes of Gujranwala, Dinanagar and Kotnaina were completed, those of Lahore, Delhi, Dera Ghazi Khan and Gurdaspur were in progress, and schemes for the drainage of sixteen towns, including Abbottabad, Ferozepore, Jhelum, Multan and Rawalpindi, received attention. The provincial Sanitary Commissioner points out, in connection with minor sanitary works, that the balance remaining at the credit of many municipalities after necessary payments for police, lighting, etc., have been made, is very small, but even this is apt to be thrown away on sanitary improvements which are ill-directed.

Athough there is no sewage farm in the Punjab, sewage is used for agricultural purposes in a good many places. At Lahore, about R1,000 is realized annually from the sale to contractors of sewage from the underground sewers. At Amritsar, the sewage of the city is liquified by water from the canal, of which at least fifty million gallons are purchased each year for this purpose. The cultivators of the land along th ebanks of the open sewage channel, which is about twelve miles long, willingly pay for the use of the sewage, which they raise on to their fields. The rent of land fertilised in this way varies from R20 to R40 a *bigha* according as it is far from or near to the city. Religious scruples are said to have been completely overcome, so far as the landowners and tenants round Amritsar are concerned, since the discovery of the pecuniary advantages derived from the use of this manure. Sewage is utilised also at Jullundur, Hoshiarpur, Multan, Gujranwala and Ludhiana.

Owing to the difficulty experienced in arranging for the presence of the members of the Sanitary Board together, only two meetings, one at Simla and the other at Lahore, took place during the year. The following were the principal subjects which occupied the attention of the Board:—

(1) Measures for the improvement of the present system of registration of births and deaths; certain recommendations were made to the Local Government of which particulars have been given elsewhere.

(2) Rules for the conduct of sanitary arrangements at large fairs, drawn up by the Sanitary Commissioner, were discussed and forwarded to selected officers in order to obtain their opinions. These opinions have been received.

(3) The Rawalpindi city and cantonment combined sewage scheme. The Local Government was asked to press upon the Government of India the necessity of the military authorities undertaking their part of the scheme, in view of the fact that the present condition of the River Leh is a source of danger to the populations of the city and cantonment alike.

(4) A combined scheme for the drainage of the city and cantonment of Ferozepore was discussed, but it was concluded that the Board were not in a position to do anything until an alternative proposal, brought forward by the officer commanding the troops, had received the attention of the Provincial Department of Public Works.

Central Provinces.

193. The total income of the nineteen muncipalities in the Central Provinces, in 1894, was R14,53,507, the expenditure on sanitation was R2,69,532, including R1,84,630 spent on conservancy, and R51,299 on water-supplies. The following brief notes indicate the nature of the principal undertakings of the year.

At Jubbulpore, plans were submitted for the extension of the water-supply to certain parts of the city, where it is at present insufficient, to the civil station, and to the cantonment, at an estimated cost of R2,48,283. Work was begun, and up to the end of the year R39,556 had been spent. Plans and estimates for the draining of a portion of the city and for the improvement of the Hanuman Tank were submitted.

At Wardha, where it was suggested that a supply of water might be obtained from the sedimentary deposits underlying the trap and basalt, experimental boring was began in the autumn, and at the end of the year 20 feet of solid basalt had been pierced. The experiment is being continued.

At Khandwa, a preliminary estimate amounting to R25,711 for water-supply works having been sanctioned, work was begun.

At Burhanpur, the head-works of the town water-supply works were improved.

A water-supply survey for Seoni was completed, and at Harda, where a similar survey has been finished, experimental borings were made.

Sanitary surveys of the Civil Stations of Nagpur and Wardha were completed.

Berar.

194. The estimated income of the eleven municipalities in 1894 was R2,38,518; of this, R1,07,879, or 452 per cent., was applied to sanitary purposes, including R65,102 spent on conservancy, R34,772 on water-supply, and R8,005 on drainage.

No sanitary work of any magnitude was begun or completed during the year. The water-supply works of Akola were nearing completion, and temporary hydrants were set up throughout the town. The original scheme to supply Akola with water, provided for its collection in a tank near the village of Kapsi, about ten miles from the town, but this has been modified by the substitution for the tank of a system of underground galleries, whence an unfailing supply of naturally filtered water will be conveyed in pipes to the town. The cost of the modified scheme is estimated at R5,22,479, of which R4,99,160 had been expended up to the end of 1894. It has been decided to dispose of the drainage of Akola by means of an irrigation farm, and a scheme estimated to cost R50,000, for the necessary land and outfall channel, has been sanctioned. Regarding the disposal of house sewage, the vice-chairman of the muncipality, Mr. Deorao Venayak, has given the inhabitants a very useful object lesson. He planted a small plot of land with plantain trees and bamboos, and irrigated it with the drainage of a portion of the town. The plantain trees and bamboos have grown rapidly, and the sullage which used to be taken away from time to time by carts from an impervious cistern, which was a nuisance to the people living in the vicinity, is now disposed of completely, cheaply and usefully.

At Amraoti, a sum of R10,166 was spent on water-supply, including R7,000, paid towards liquidating the debt on the water-works. The very expensive scheme of drainage adopted by the municipal committee has been abandoned as too costly; it is intended to utilize existing drains and carry out drainage piecemeal, setting aside a sum of money yearly for this purpose; the sullage is to be used for land irrigation as proposed at Akola.

If these drainage farms prove successful, the other municipalities will no doubt adopt this plan of getting rid of their drainage, which is nowhere perfectly disposed of under existing arrangements. Although there is no sewage farm, properly so called, in the province, night-soil is trenched in most of the municipalities, the land in the majority of cases being cultivated; in some instances money has been realized from its sale.

The total expenditure incurred by District Boards on sanitary works was R1,22,592, against R93,578 in 1893. The sums spent were, on water-supply, R67,670, on conservancy, R44,082, and on drainage, R10,840. The subject of village sanitation received attention, and the question of the introduction of a sanitation law was considered by a committee, a report being submitted to the Resident for his information. In Berar, the great difficulty is the acquisition of land around villages in order to relieve the present overcrowding, and to provide spaces for the cremation of the dead, storing manure, trenching night-soil and other communal purposes.

The Sanitary Board met six times during the year, once in each district, and considered the sanitary surveys of towns and villages, and the measures taken by local bodies to give effect to the recommendations made by the provincial Sanitary Commissioner.

Madras.

195. Excluding Madras, there were 55 muncipalities in the Presidency in 1894, and the total income of these in 1894-95, was R25,26,060. Of this amount, the expenditure of R13,62,785 on sanitary works was sanctioned. The sums actually spent during the nine months ending with December 1894, were

R3,55,365 on conservancy, R2,13,926 on the improvement of water-supplies, R1,51,938 on the improvement of sites, R15,176 on the repair of markets and slaughter-houses, R4,032 on sanitary arrangements at fairs and festivals, and R40,884 on other sanitary objects, leaving R5,81,464 of the allotment to be disposed of in the first three months of 1895. The provincial Sanitary Commissioner thinks that the whole allotment on conservancy was spent, but that a considerable proportion of the funds allotted for water-supplies remained unexpended.

The income of the town of Madras was R12,76,350, the sanitary allotment R4,75,206, the amounts expended during the last nine months of 1894 were, on conservancy, R2,27,176, on site improvements, R79,360 and on improvement of the water-supply, R11,860.

The most important sanitary works completed or under consideration were the following:—

(1) At Madras, an improved water-supply and a more complete system of sewerage are very necessary, but the financial condition of the muncipality will not permit of both schemes being carried out simultaneously. With the view of making the best use of the means at hand, the provincial Sanitary Commissioner has advised that the existing water-supply should be improved by filtration, and that the present sewerage arrangements should be so extended as to admit of ultimate efficiency, and secure, for the present, a more healthy condition of certain areas of the town.

(2) At Madura, a water-supply project was completed during the year. The supply is collected from the sub-stream of the River Vagai by means of an infiltration gallery, and is pumped to the town direct. The amount of water obtained, however, is too small for the population to be served, and in consequence, not only is use made of a former source of supply from infiltration wells opposite the town, but the shallow wells in the town are still used. It is hoped that, as a result of the opening of the Periyar irrigation project, the Vagai will receive more water, so that the new water-works will yield a sufficient quantity.

(3) At Conoor a water-supply scheme prepared by the Sanitary Engineer has been considered by the municipality. The Sanitary Commissioner has objected to it on the ground that, in the catchment area, there are many European and native houses besides tea-cultivation, and has advised the survey of another possible source.

(4) A water-supply scheme for Kurnool was sanctioned during the year, which, it is expected, will render the town less insalubrious, not only on account of the pure water rendered available, but by the substitution of iron piping for the existing leaky masonry conduits, which have permitted the saturation of the subsoil.

(5) The question of sewering and draining the subsoil of Cuddapah, a most malarious town, has been referred for the consideration of the Sanitary Board with injunctions "to go fully into the causes of malarial fever and suggest comprehensive measures for removing them."

(6) In connection with the proposed water-works at Vizagapatam, the Deputy Sanitary Commissioner inspected the site for a reservoir at Mudusellerah. He advised the construction of the reservoir at a point somewhat higher up the valley, to avoid the removal of two villages which would otherwise be in the catchment area.

(7) At Vellore, an open sewerage project was being carried out by the municipal authorities. On the representation of the Sanitary Commissioner the supervision of the work is to be directed by the Sanitary Engineer's Department.

(8) At Dindigul, a scheme has been adopted whereby water is to be obtained from infiltration galleries.

Sewage farming continues limited to Madras, Tanjore and Negapatam.

The estimated revenue of the District Boards for 1894-95 was R75,83,700, and the amount sanctioned for expenditure on sanitation, R6,55,405, the sum actually disbursed during the last nine months of 1894 was R3,55,517, including R2,29,804 spent on conservancy, R47,868 on the improvement of water-supplies, and R6,666 on sanitary arrangements during fairs.

It has been arranged that the Collector is to give a fortnight's notice to the Sanitary Commissioner and to the district medical officer concerned, of the occurrence in his district of any fair or festival, at which more than 10,000 persons are likely to assemble on any one day. It is hoped in this way to make efficient arrangements to cope with epidemic disease at such gatherings, but the provincial Sanitary Commissioner points out that failure must occur in the absence of funds to provide the requisite executive sanitary and conservancy staffs. He suggests that the temple authorities, to whom these annual festivals are a source of income, "should be required to contribute a fair proportion of the sums requisite for the correct sanitary care of the multitudes they cause to assemble together, or, if they fail to carry out reasonable suggestions, they should become liable for expenditure incurred for the securing of sanitary safety by the local authorities."

A considerable measure of success has attended the efforts of the Sanitary Commissioner to persuade village communities to dispose of night-soil in trenches by showing them the economical advantages of the system. He is hopeful of final success. Regarding the disposal of funds by unions, more control appears to be necessary. At present it is pointed out the possession of "street lamps is the summit of ambition, and money is wasted on lighting, long before the rudimentary requirements of water-supply and conservancy have been arranged for."

Coorg.

196. Owing to lack of funds, the amount spent on sanitary works fell from R40,936 in 1893, to R10,811. This includes a small sum of R650 expended by the Department of Public Works, and R9,690 spent on the Mercara water-supply works, which were nearly completed, the embankment of the tank alone remaining unfinished. Although water from wells and tanks had still to be used, a partial supply from the water-works was available. This water is very good and is much appreciated by the townsfolk. In the second longest street of the town, pipes have been laid down for the supply of water to the residents, for the most part poor, at the expense of Mrs. Ganapati, who has done this generous action in memory of her husband, the late Assistant Commissioner.

The Sanitary Board met twice during the year. At the first meeting the principal business was the discussion of the proposed rules for improving the conservancy of coolie-lines. The rules were submitted to the Local Government. At their second meeting the Board accepted certain modifications of, and additions to, these rules, suggested by the Chief Commissioner.

Bombay.

197. The income of the 172 municipalities of the Bombay Presidency, in 1893-94, was R44,74,809, of which 41·4 per cent. was allotted to sanitary purposes. The

expenditure on sanitation was R14,72,171, nearly four lakhs less than the sum allotted. The money spent was distributed as follows:—on improvement of town sites, R,1,45,108; on conservancy, R8,65,854; on improvement of water-supplies, R2,71,629; on construction and repairs of markets and slaughter-houses, R53,626; on sanitary arrangements during fairs and festivals, R9,353; on other sanitary objects, including construction and repair of tanks, R1,26,601. Under each head the expenditure was less than the allotment. The income of the District Local Boards was R41,13,115, and 15·8 per cent. of this was set aside for sanitation. On the improvement of water-supply, R3,87,109 were expended, but the amounts spent under other heads were comparatively small. In connection with municipal sanitation, the Sanitary Commissioner points out that, owing to the apathy of municipal commissioners, and the laziness and incompetence of conservancy staffs, much money is uselessly thrown away.

The chief projects regarding which the advice of the Sanitary Board was sought, were the following:—

(1) The water-supply of Yellama. Plans and estimates amounting to R96,602 were sanctioned by Government, but it was decided that the work at present should be confined to the construction of the dam, at a cost of R26,600.

(2) The water-supply of the new jail at Hyderabad. The population of the jail is to be 1,000, and the supply per prisoner is to be 16 gallons daily. Two schemes were before the Board: one to obtain water from the municipality, to cost R44,100, was rejected because it was considered possible that with the growth of population in future years, the municipality would not be able to spare water. The scheme adopted provides for a supply by means of a filtration gallery from the head-waters of the Fuleli Canal at a cost of R49,984.

(3) Improvements in the water-supply of Kirkee Camp. These included the removal of two small villages in the catchment area, an increase of two feet in the depth of storage, new polarite filter-beds between the dam and the existing settling tanks, the conversion of the latter to pure-water tanks, and new piping capable of carrying 800,000 gallons of water to Kirkee daily.

(4) The water-supply of Surat. It is proposed to give a supply of ten gallons a head daily, delivered in nine hours. Two wells 20 feet in diameter are to be sunk, two hundred feet apart, in a line parallel with the left bank of the River Tapti, at a point about three miles east of Surat, near the village Varucha. A third similar well will be sunk if it is found to be necessary. The water is to be pumped to two high-level reservoirs, circular steel tanks 42·5 feet in diameter and 19 feet high, capable of containing 150,000 gallons of water each. From these the water will be distributed by means of pipes. Estimates amounting to R8,49,899 have been sanctioned.

(5) The water-supply of Jalgaon by means of mains and pipes from a service-reservoir to contain 456,212 gallons of water.

(6) The water-supply of Rajkot. The water to be taken by means of an 11-inch main from the Lalpura lake to the centre of the city, which is the highest part of the area to be supplied. Four service-

reservoirs, each capable of holding 20,000 gallons, are to be provided, and the supply will be at least 13 gallons per head of the population.

(7) Improvements in the drainage system of Ahmedabad were suggested to the Superintending Engineer, Northern Division, who had consulted the Board.

(8) Poona was visited, and a suitable site for a sewage farm selected, while advice regarding the conduct of such a farm was given.

Besides the above, the Board gave advice on a large number of miscellaneous subjects. During the cold weather, the Engineer to the Board toured in Sind, Gujarat and the Deccan, giving advice on sanitary projects in many of the towns which he visited. Subsequently he went to inspect the water and drainage works in the towns of the North-Western Provinces and the Punjab, where these have been recently opened. Perhaps the most important work done by the Engineer independently, were the preparation of a scheme for the water-supply of Surat, and the submission of an exhaustive report on the Ahmedabad sewage farm, which has recently been mismanaged. It has been arranged that he shall superintend the engineer recently appointed by the Municipality of Ahmednagar, where, after discussing the matter for twenty years, water-supply works have been begun.

Burma.

198. The total income of the towns in Lower Burma was R36,41,848, and the expenditure on sanitary works was R19,08,142; of this, R8,04,081 were spent on water-supplies, R2,87,461 on drainage, and R3,55,677 on conservancy. Of the total income of the districts, which was R10,20,887, R22,196 were devoted to water-supplies, and R23,322 to drainage and conservancy. Besides this, a sum of R91,786 was spent on sanitary works by the Public Works Department.

Exact details regarding expenditure in Upper Burma are not available.

No sanitary work of special importance was undertaken during the year, except in Rangoon. There the high-level reservoir below the Shwe Dagon Pagoda was completed, and four million gallons of water under pressure are being supplied to the town daily. In view of the growing population of the town, schemes for still further extending the water-supply are being considered. The Shone and Ault system of sewerage worked satisfactorily, and 587 house connections were made during the year. A special committee, appointed by the Chief Commissioner, to devise the best means for the disposal of town rubbish, recommended that the refuse should be buried in selected areas within municipal limits, remote from dwellings. This recommendation has been accepted provisionally, but it is believed it will eventually be found necessary to incinerate the rubbish, or remove it to a distance by rail. In Moulmein, the area of conservancy operations was extended, steps were taken towards the initiation of a scheme for improving the water-supply, and a sanitary survey of the town was in contemplation. At Bassein and Akyab, improvement of sanitary conditions, and the provision of water-supplies, have occupied the attention of the authorities. At Mandalay no water-supply scheme has as yet been begun, but in the meantime arrangements for the cleansing of the moat, whence most of the inhabitants obtain water, have been undertaken, and platforms have been built to enable persons drawing water to avoid the turbid water at the margin.

A set of simple rules to secure the sanitation of villages was introduced in August in the eastern division of the province, comprising the districts of

Myingyan, Kyauksé, Meiktila and Yamethin. Under the rules, the headman is responsible for the clearing and cleansing of the streets and lanes of the village, for the selection of sites for new houses at a suitable distance from those already in existence, for the timely disposal of the dead by cremation or burial at places set apart for these purposes, for the cleansing of latrines, for the removal of rubbish, and for the care of wells and tanks set apart for the supply of drinking-water. The headman is also required to give intimation, at the nearest police station, of the outbreak of cholera or smallpox, immediately on the occurrence of two cases of either disease in close succession. In forwarding the annual sanitary reports of districts, the Commissioner of the eastern division remarks, that the "village sanitary rules have been well received and headmen have been glad to work them." The rules have now been put in force throughout the province.

The work done by the Sanitary Board was unimportant, and, pending the appointment of a Sanitary Engineer for the municipalities, its labours must remain limited in extent.

SECTION X.

GENERAL REMARKS.

199. During the period from the beginning of April 1893 to the end of August 1895, Dr. W. M. Haffkine was carrying out his anti-cholera inoculations.

Dr. Haffkine was recommended by the Russian Ambassador in England to Her Majesty's Government. The Right Honourable the Secretary of State, in forwarding the letter of the Russian Ambassador to the Government of India, expressed the wish that Dr. Haffkine might be given every facility for visiting districts, towns and military stations where cholera was prevalent; for seeing hospitals where cholera-patients were under treatment, and for inquiring into the causes and circumstances of cholera epidemics.

After Dr. Haffkine's arrival, when he had explained his proposed prophylactic treatment to the Government of India, directions were issued to all Local Governments and Administrations to afford Dr. Haffkine every facility, with the necessary provision that if he wanted to try his prophylactic against cholera by vaccination, no one should be operated on, until the nature of the remedy had been explained to the patient or his friends, and after the consent of the patient or of his friends had been obtained. The Government of India further granted Dr. Haffkine a daily allowance, besides actual travelling expenses.

On his departure from this country, Dr. Haffkine presented to the Government of India a report on his work, which is printed as an appendix to this section.

So far as the numerical results go, they are in favour of the inoculations; that is to say, if a community of which a certain number of the members have been inoculated is exposed to cholera, the inoculated are likely to escape attack in greater proportion than the uninoculated. But whether this relative immunity is due to the effects of inoculation or not, figures at hand do not permit us to judge.

Red Sea Pilgrim Traffic.

200. There was no outbreak of cholera reported at the Haj of 1894. The following extracts are taken from an interesting account of the Red Sea Pilgrim Traffic in 1894, prepared by Surgeon-Major MacCartie, M.B., Health Officer of the Port of Bombay, printed in the Annual Report of the Sanitary Commissioner with the Government of Bombay for 1894.

"Twenty-two steamers with 13,450 passengers, of whom 168 embarked at Karachi, left Bombay for Jeddah. Of these, however, only the first fourteen with 10,539 passengers conveyed pilgrims for the Haj of 1894, which took place on the 14th June. The remaining eight vessels with 2,911 passengers carried pilgrims for the coming Haj of 1895.

Pilgrim ships and their sanitary condition.

201. The vessels, with the exception of the Turkish *Abdul Kadir*, were of the usual class engaged in the Bombay pilgrim traffic, strengthened by the addition of two new ships, the *Mohammedi* and *Jubeda* both of superior design and ventilation. The ventilation was distinctly better than in former years, though still of course insufficient when the scanty accommodation per adult passenger—9 superficial feet—is considered. The height of 'tween-decks was in some cases 8 feet; the average may be taken at 7 feet, and each adult pilgrim had thus 9 cubic feet of space more than the law considers necessary. In fact, the Bombay pilgrim liner has much improved of late years, and, as a class, is improving still.

The sanitary condition of the vessels, when empty—and all vessels were examined thus—was almost invariably satisfactory, and ceased to be so shortly after the embarkatio of their passengers. The baggage overcrowding, although great, was perhaps less marked than in former years.

Class of Pilgrims.

202. The pilgrims were of the usual varying classes; and Mahomedans from all parts of the Indian continent rubbed shoulders with natives of Afghanistan, Central Asia, and Chinese Tartary. They were of all ages, from babies only a few days born to men tottering with the weight of years. Immediately prior to one embarkation a man died from extreme old age; and the diary of a returning ship contains an entry of death at the age of a hundred. There were the hale and strong, the ill and weak, the lame, and even the blind; amongst them a man with only one leg and no crutches. Some had piles of baggage; others only the clothes that covered them. But on the whole, and as compared with other years, they were, at starting, a moderately healthy lot, and, for pilgrims, perhaps less filthy than usual. It is not of course accurately known what the number of actual paupers was; but the Protector of Pilgrims estimates that 3,668 or 27 per cent. were indigent at starting. No issue of free tickets was observed during the year, though many were seen who had evidently exhausted their means in procuring the tickets that permitted them to sail.

Inspection and embarkation.

203. Took place in the Prince's Dock. Pilgrims were permitted to pass the dock gates six hours before vessels' departures. Having placed their baggage on board, the males, except the weak, old and very young, were disembarked, and the vessels were then moved away some ten feet from the quay. Those on board were then medically inspected by the Health Officer of the Port and ships' doctors; and, when these examinations were over, those on shore were passed in and examined one by one. During the year's inspectious at the dock no cases were rejected, as all were found free from dangerous infectious disease; and the past year in that respect has been unique. At the Jáffer Soleman Mussáfferkhána, however, on different occasions, cases of smallpox were noticed amongst pilgrims awaiting embarkation, and were removed to hospital. This Mussáfferkhána thus furnishes another check on the export of disease, for the majority of the pilgrims put up there; a dispensary has been opened, and a medical officer attends daily during the season, and thus is likely to discover any infectious disease cases.

Quarantine at Camaran.

204. The first fourtern vessels, *i.e.*, those with passengers for the Haj of 1894, were quarantined for the usual 10 days at Camaran; and two of them, the *Tanjore*, which left Bombay, 22nd April, and the *Hooseinee*, which left 17th April, received additional penalties of 7 and 2 days respectively. The *Tanjore* had three deaths on voyage to Camaran: causes—consumption, bronchitis and general debility; but one of her pilgrims having died at Camaran from suspected cholera two days after disembarkation, the vessel received 15 days' quarantine from date of death, being thus delayed by 17 days of quarantine. The *Hooseinee* had only two deaths on voyage to Camaran, entered in diary as due to convulsions and old age. The 'old age' case died 4 clear days before arrival at Camaran; but the sanitary authorities of that place, having heard that previous to death there had been some slight diarrhœa, imposed 15 days' quarantine from arrival at Camaran. This was subsequently, on a reference to Constantinople, reduced to 12 days, or two days' extra quarantine. The last eight vessels carried passengers for the Haj of 1895 and did not, therefore, come under the Camaran restrictions, which were in force only in connection with the season of 1894.

Mortality during outward voyage.

205. Forty-three deaths occurred on board ship amongst 13,450 passengers, which is in a ratio of 3·2 per thousand per voyage. Considering the conditions of the traffic, and the varying ages and health of its items, this death-rate is a very favourable one; and, if the first fourteen vessels, with 10,539 pilgrims for the Haj of 1894, and only 26 deaths on board ships, are taken separately, the mortality is reduced to 2·4 per thousand per voyage—a trifling mortality under the circumstances, and when it is considered that all these vessels carried their full complement of passengers on the 9 superficial feet scale. The remaining eight vessels with 2,911 pilgrims for the Haj of 1895 had 17 deaths, which equals the less favourable ratio of 5·8 per thousand per voyage. And this, notwithstanding the fact that several of them carried less than their full complement, and provided per head more than the legal accommodation. Most of them, however, made south-west monsoon voyages, while the first fourteen made fair-weather ones; and the effects of bad weather on the pilgrim are very marked according to one of the diaries. Not only does the congestion in the 'tween-decks reach its most acute stage, but the pilgrim becomes inert and cannot be prevailed to cook his food, or seek the latrines on upper deck for purposes of easement.

Prevailing diseases.

206. The most common diseases on board ship, as gleaned from diaries, were dysentery and simple fever. The former is considered to have been due to inferior food provided by the pilgrims themselves. Simple fever chiefly affect Bukharis, who do not stand heat well. Skin-diseases are also mentioned, and are said to be due to filthiness of the pilgrims. There were no cases of dangerous infectious disease during any of the voyages.

Health of pilgrims at Camaran.

207. The mortality in Lazaretto at Camaran has been furnished by the British Vice-Consul at Hodeida. Amongst 22,147 pilgrims who landed from India and the East from 1st January 1894 to 31st December 1894, fifty deaths occurred, the chief causes of mortality being fever, dysentery, and chest diseases. It was noticed as a remarkable fact that no cases of smallpox occurred during this Camaran observation.

From an interesting account of Camaran given in one of the diaries, it would seem that the hoped-for improvements there had dwindled down to the erection of some steam disinfecting apparatus; whilst the much more important requirement of pure drinking-water had not been attended to. The water is described as having been unfiltered and brackish, productive of diarrhœa and dysentery, and to have been the chief cause of complaint amongst the pilgrims. The disinfection by steam of the Hájis' clothing is described as imperfect in practice and in many instances to have been evaded by the offer of bribes.

Hedjaz of 1894.

208. The terrible cholera storm of the previous year seems to have, for the time at least, exhausted the disease-producing powers of Camaran, Jeddah, and the holy cities. The Hedjaz of 1894 has been officially declared to have passed away without the occurrence of cholera or other dangerous epidemic disease, and the Haji had merely to contend with the privation and extortion which seem inseparable from the conditions of the pilgrimage. The British Consul at Jeddah has been good enough to forward all the information relating to the Haj he has been able to collect; but, as he has been careful to point out, his figures can only be taken as approximately correct, and are not in any way official. The number of pilgrims who arrived by sea in 1894 from all parts of the Mahomedan world was 49,628. The number from India and the East *viâ* Camaran was 28,417, and the number of departures from Jeddah to India and the East *viâ* Aden was 21,507.

Table showing the arrivals at, and departures from, Jeddah by sea of pilgrims from the East during the year 1894:—

	British Indians		Javanese and Malays		Bukharis and Samarkandis		Persians		Total.	Difference.
	viâ Suez.	*viâ* Aden.	*viâ* Suez.	*viâ* Aden.	*viâ* Suez.	*viâ* Aden.	*viâ* Suez.	*viâ* Aden.		
Arrivals . .	...	10,478	...	12,126	345	3,004	1,000	1,464	28,417	6,910
Departures . .	...	8,100	...	9,291	...	3,223	...	893	21,507	

He points out that under no circumstances can the missing 6,910 pilgrims be considered to have all perished during the Haj. Many remain for several years in the holy cities, and large numbers return to their homes by land routes. A large number of the 'missing' do succumb to exhaustion, starvation, and disease; but it is impossible, he states, to collect reliable statistics of the mortality. He again directs attention to the number of pauper pilgrims from India, points out that according to the Prophet's own teaching no one need, indeed should, go on the Haj without the necessary means; and submits that the Indian Government should introduce the system in force in Algiers, Tunis, and the Dutch Indies under which every intending pilgrim has to prove the possession of sufficient funds to support himself during the pilgrimage. The effect of the pilgrimage on the general health of the Hajis can to some extent be gauged from the diaries of returning pilgrim vessels; but four of these arrived at Bombay without any diaries or documents from which any useful information could be obtained.

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Class of vessel.

209. The returning vessels, excluding the three which flew foreign flags, were of the same class as those already described under 'Outward pilgrim vessels,' and the only one to which exception could

be taken was the *Thibet*, the ventilation of which was so insufficient that the Bombay authorities refused to allow her more than 434 passengers, although her superficial area provided space for over one thousand. The vessel embarked at Jeddah the complement her space permitted, disembarked the majority at Karachi, and arrived at Bombay with 351½ adults or 82½ less than the Bombay measurements allowed; and thus escaped a prosecution for carrying excess passengers.

Overcrowded ships.

210. Three of the vessels, all flying foreign flags—the Turkish *Abdul Kadir* and *Shahadat* and the Austrian *Polluce*—arrived with passengers in excess of their legal number, and the commanders of the first and last were accordingly prosecuted on arrival here. The *Shahadat*, which had more passengers than the Bombay measurements permitted, was not prosecuted, as by some error the Aden authorities had given her a certificate for even more than she arrived with.

The above facts are instructive when considered in connection with the charges often made by Turkish sanitary officials that East Indian pilgrim ships are generally overcrowded. The *Abdul Kadir* was measured by the Turkish authorities for 965 passengers, and the *Polluce* by the same officials for over 646, whilst the Bombay measurements permit them to carry only 684 and 584 passengers respectively. The *Shahadat* has, according to her commander, on occasions conveyed 900 pilgrims from Jeddah to Constantinopole on Turkish measurements. The Indian measurements permit her to carry 310 only.

The *Abdul Kadir* on arrival was found to be in a most filthy condition, and to have her permanent hospital situated in the 'tween-decks; and both it and the third class accommodation generally showed evidence of having been extensively used as latrines.

Absence of medical diaries.

211. Diaries were not kept by the medical officers of any of these foreign ships. Even the doctor of the *Abdul Kadir*, who must, after the experiences of his first voyage to Bombay, have been aware of the Indian regulations, arrived a second time in charge of pilgrims (over 300 in number) without a diary.

Mortality on voyages.

212. Including the *Hodeida*, which disembarked all its passengers at Karachi, seventeen vessels embarked at Jeddah 11,947 pilgrims, and reported 121 deaths as having occurred during the voyages. This equals a mortality ratio of 10·1 per thousand per voyage; and if the four foreign vessels (*Abdul Kadir* two voyages), without diaries and therefore wanting in reliable statistics, are excluded from calculation, thirteen ships with 95,965 pilgrims had 108 deaths or a death-rate of 11·4 per thousand per voyage, which is approximately the average of returning vessels since 1883.

The ratio of deaths, which, if calculated on the basis of a fourteen-day voyage, works out at a rate of 263 per thousand per annum, is, no doubt, a measure of the hardships and miseries experienced by the pilgrim before embarkation for his home; aggravated by the fact that with few exceptions these returning voyages were made during the season of the south-west monsoon, when the death-rate increases *pari passu* with the congestion of the 'tween or shelter deck.

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Prevailing disease on inward voyages.

213. The chief diseases in order of frequency were dysentery, simple fever, debility, and diarrhœa. Many of the pilgrims were in a state of absolute destitution on embarkation at Jeddah, and had to be fed throughout the voyages by the ship-owners. Two deaths are entered in a diary as having been due to starvation, the cases being almost moribund when received on board.

A notable and unique feature in connection with the return of pilgrim vessels to Bombay was the absence of smallpox or other dangerous infectious disease amongst their passengers."

Researches by the Special Assistant.

214. The greater part of the laboratory work, which has been carried out by the Special Assistant to the Sanitary Commissioner during the course of the past year, has consisted of an investigation into the physiological action of snake-venoms, and the alleged remedial effects of various methods of treatment for cases of snake-bite.

The most important alleged remedies which were tested, were the salts of strychnia as advocated by Müller, and the chloride of gold and hypo-chlorite of lime which have been affirmed by Calmette to possess remedial power, not merely when applied locally at the site of entrance of the venom, but also when administered at a distance from such site, and where then they could only have acted after both poison and remedy had been absorbed into the circulation.

In so far as the salts of strychnia are concerned, the experimental results were of precisely the same character as those which were arrived at during the previous year, and demonstrated conclusively that Müller's treatment is absolutely valueless even when conducted with his own syringes and his own solutions. Repeated injections of solutions of nitrate of strychnia of ascertained value, to the extent of inducing initial symptoms of the specific action of the alkaloid, failed to produce any appreciable effect on the progress of intoxication, even when induced by minimal lethal doses of venom, and, at the same time, afforded absolutely no support to Müller's contention that the failure of his treatment when experimentally tested on lower animals is dependent on the fact, that the latter are more susceptible to the action of the remedy than the human subject is.

It was further clearly demonstrated that there is no true physiological antagonism between the action of cobra-venom and strychnia, whilst, as regards daboia-venom, the evidence went to show that, in so far as one of the toxins which it contains is concerned, not only has it no antagonistic action to strychnia, but that it produces nervous symptoms almost precisely identical in character with those arising under the influence of the alkaloid. The experiments certainly did show an abnormal tolerance of strychnia in the presence of intoxication by cobra-venom, but there was nothing to show that the administration of even excessive doses of strychnia in any way affects the progress of the intoxication, so long as it is not pushed so far as actually to accelerate a fatal termination.

The experiments on the action of chloride of gold and hypo-chlorite of lime did not yield much more satisfactory results, as they appeared conclusively to demonstrate that both reagents have no general remedial action whatever, and that the local action which they do possess is so limited that it is only able to conflict with very minute lethal doses of venom.

215. Whilst the above experiments were in progress, the opportunities which they afforded for the study of the physiological action of snake-venom generally were not neglected, and certain conclusions were arrived at which are embodied in a paper which will appear in the forthcoming number of the *Scientific Memoirs*. They may be briefly summarised as follows :—

1. The lethal properties of cobra-venom are dependent on a single toxin of the nature of a ferment, which acts by inducing such changes in the blood as to render it unfit to meet the respiratory requirements of the system.
2. The lethal properties of daboia-venom are dependent on two perfectly distinct toxins, one devoid of all ferment property and acting as a direct nervous irritant, leading to excessive stimulation and subsequent exhaustion of the nervous apparatus, and the other being a material which acts by inducing septic changes in the blood.
3. Taking the fact that cobras and daboias apparently represent the most venomous of colubrine and viperine snakes, together with the

> evidence which we have regarding the action of the venom of other snakes belonging to these two families of ophidia, it is probable that all snake-venoms are referable to one or other of two classes, each of which includes a number of varieties differing from one another in quality, but not in kind, or, in other words, merely in respect to the amount, and not to the nature of the toxic principles which they contain.

A certain number of other experiments were also initiated in regard to the protective action of repeated injections of cobra-venom, and to the protective and curative action of cobra-serum. These have not yet formed the subject of detailed report, as some of them are still in progress, but, in the meantime, it may be mentioned that minimal lethal doses of cobra-venom proved to be just as fatal when in solution in cobra-serum as when dissolved in distilled water, and that a monkey, which during a period of eight months had been treated with weekly subcutaneous injections of 1 *c. c.* of cobra-serum, showed no symptoms whatever of possessing any abnormal resistance to the action of a minimal lethal dose of cobra-venom.

216. The ordinary routine study of the Schizomycete organisms occurring in the intestinal contents of cases of cholera in Calcutta was also continued, and again showed on what slight grounds the words "choleraic bacillus" are used. Descriptions of several new forms of choleraic bacilli, and of one choleraic cladothrix, will shortly be published in the *Scientific Memoirs*, together with additional evidence of the persistence with which the various forms which have been already recorded continue to show specific differences under the influence of prolonged exposure to like conditions of environment.

J. CLEGHORN, M.D., *Surgeon-Major-General,*
Sanitary Commissioner with the Govt. of India.

APPENDIX.

REPORT

ON

ANTI-CHOLERA INOCULATION

BY

W. M. HAFFKINE, Sc. D.

Submitted to the Secretary to the Government of India in the Home Department, Simla, on the 25th August 1895.

REPORT

ON

ANTI-CHOLERA INOCULATION.

This report is subdivided as follows:—

I.—First year (1893-1894)—

Inoculation work done during that year: inoculations in Civil population, European and Indian, and in Military, European and Indian.

List of bodies of population inoculated under conditions favourable for comparative observations on inoculated and uninoculated.

The only observation in Agra made during that year.

II.—Second and part of third year (1894-95)—

Inoculation work done during that period: inoculations in Civil population, European and Indian, and in Military, European and Indian.

List of bodies of population inoculated under conditions favourable for comparative observations on inoculated and uninoculated.

Observations made during that period in Calcutta, Gya, Cawnpore, Dinapore, and Camp Behta, Lucknow and on the Assam Tea Gardens.

III.—Summary.

IV.—Conclusions.

I.

FIRST YEAR (FROM APRIL 1893 TO MARCH 1894).

Inoculation work done during that year.

From the beginning of April 1893 to the beginning of March 1894, the inoculations were applied in the areas subject to cholera epidemics in the North-West Provinces and Oudh, and in the Punjab. The total number of inoculated during this period was 22,703, of which number about ⅔ were re-inoculated with 2nd vaccine. The number of inoculated was composed as follows:—

CIVIL POPULATION.*

EUROPEANS—TOTAL OF INOCULATED 740.

North-West Provinces and Oudh.—Agra, number of inoculated 55; Aligarh, 7; Delhi, 32; Jhansi, 54; Lucknow, 198; Mussoorie, 94; Naini Tal, 29; Paori, 8; Ranikhet, 1; Saharanpur, 13.

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* Inoculation Registers for the people inoculated in the Punjab and in the North-Western Provinces and Oudh, recording the names, fathers' names or regimental numbers, sex, age, nationality, birth-place, religion or caste, profession, address and date of inoculation, are deposited in the Bacteriological Laboratory in Agra. In the case of troops, the fact of inoculation is entered on the Medical History Sheet; in the case of prisoners, on the jail ticket.

Punjab.—Abbottabad, 6; Chirat, 7; Dagshai, 8; Dharmsala, 8; Gujerat, 3; Kapurthala, 3; Kasauli, 3; Lahore and Mian Mir, 41; Murree, 33; Nowshera, 2; Patiala, 13; Peshawur, 6; Rajpurah, 2; Sanawur, 30; Sialkot, 5; Simla, 78; Wazirabad, 1.

EURASIANS—TOTAL 75.

Agra, 56; Delhi, 3; Lucknow, 3; Naini Tal, 4.
Peshawur, 4; Rawul Pindi, 4; Sialkot, 1.

INDIANS—TOTAL 12,971 (360 Brahmins).

Agra, 580 (117 Brahmins); Aligarh, 63 (3 Brahmins); Almorah, 136; Dehra Dun, 94; Delhi, 388 (4 Brahmins); Dwarahat (Kumaun), 252; Hardwar and Jawalapur, 432; Jhansi, 44 (1 Brahmin); Kainur (Garhwal), 344; Lucknow, 30 (8 Brahmins); Mussagali (Garhwal), 124; Mussoorie, 42; Naini Tal, 165 (23 Brahmins); Paori, 1,151; Ranikhet, 102; Sakniana (Garhwal), 325; Srinagur (Garhwal), 824; Tehri, 440.

Abbottabad, 329 (3 Brahmins); Amritsar, 758 (6 Brahmins); Chirat, 4; Dagshai, 8; Dharmsala, 10 (1 Brahmin); Gujerat, 422 (2 Brahmins); Kapurthala, 18; Kasauli, 194 (11 Brahmins); Lahore and Mian Mir, 182 (15 Brahmins); Murree, 96; Nowshera, 3; Pasrur and Seranwali, 2,132 (108 Brahmins); Patiala, 1,048 (16 Brahmins); Peshawur, 317 (7 Brahmins); Rajpurah (Patiala territory), 77 (5 Brahmins); Rawul Pindi, 164 (20 Brahmins); Sanawur, 124 (3 Brahmins); Sangrur, 147 (3 Brahmins); Sansi village near Sialkot, 290; Sialkot, 825 (4 Brahmins); Simla, 169; Wazirabad, 118.

MILITARY.

EUROPEAN TROOPS—TOTAL 2,513 (Officers 273, Men 2,240).

North-Western Provinces and Oudh.

Agra	Officers 33. Men, Royal Artillery, 13; East Surrey Regiment 32; Commissariat and other departments 11. Total 56 men.
Aligarh	Medical Officer 1.
Almorah	Officers 2; Medical Officer 1. Total 3.
Delhi	Officers 12. Men, Royal Artillery, 35; Royal West Kent Regiment 28; 5th Lancers 1; Bedfordshire Regiment 1; Border Regiment 1; Corps not noted 4. Total 70 men.
Jhansi	Officers, Royal Artillery, 10; Wiltshire Regiment 4; Medical Officers 2; other departments 1. Total 17 Officers. Men, Royal Artillery, 71; Wiltshire Regiment 28; other departmants 4. Total 103 men.
Lucknow	Officers, Royal Irish, 9; 1st Battalion, East Lancashire, 9; 16th Lancers 2; Royal Artillery 3; Horse Artillery 1; other Corps 15; Medical Officers 14; other departments 4. Total 57 Officers. Men, Royal Irish, 213; East Lancashire, 176; 16th Lancers 67; Royal Artillery 39; Horse Artillery 6; East Surrey Regiment 14; Highland Light Infantry 1; Royal Munster Fusiliers 3. Total 519 men.
Naini Tal	Officers, 5th Bengal Cavalry, 1; other Regiments 2; Medical Officer 1. Total 4. Men, Royal Irish, 6; Royal Artillery 1; Highland Light Infantry 1. Total 8 men.
Ranikhet	Officers 2; Medical Officer 1. Total 3 Officers. Men, Ranikhet Standing Camp, 128.

Punjab.

Abbottabad	Officers 8; Medical Officers 2. Total 10.
Amritsar	Medical Officer 1. Man 1.

Chirat	Officers, 2nd Battalion, 5th Northumberland Fusiliers, 1. Men, 2nd Battalion, 5th Northumberland Fusiliers, 102; Royal Welsh Fusiliers 26; Commissariat Department 1. Total 129 men.
Dagshai	Officers 9. Men, Derbyshire Regiment, 4; 93rd Highlanders 327; other Regiments 12. Total 343 men.
Dharmsala	Officers, 1/1 Goorkhas, 4; 2/1 Goorkhas, 4; Medical Officers 2. Total 10 European Officers.
Gujerat	Medical Officer 1.
Kapurthala	Officer 1.
Kasauli	Officers 3; Medical Officer 1. Total 4 Officers. Men 26.
Lahore and Mian Mir.	Officers, King's Own Scottish Borderers, 3; other Corps 3; Medical Officers 7; Total 13 Officers. Men, King's Own Scottish Borderers, 82; other Corps 5. Total 87 men.
Murree	Officers, Royal Artillery, 2; 2nd Dragoon Guards 1; 11th Hussars 1; 1st Devonshire Regiment 1; Border Regiment 1; 1st Bedfordshire Regiment 2; King's Royal Rifles 2; other Corps 4; Medical Officers 4. Total Officers 18. Men, Royal Artillery, 8; 2nd Dragoon Guards 16; 11th Hussars 21; 1st Devonshire Regiment 7; Border Regiment 2; 1st Bedfordshire Regiment 65; King's Royal Rifles 91; Royal Horse Artillery 3; other Corps 22. Total 235 men.
Nowshera	Officers, Royal Welsh Fusiliers, 1; 13th Bengal Lancers 2; Medical Officer 1; Total 4 European Officers. Men, Royal Welsh Fusiliers, 76.
Patiala	Medical Officer 1.
Peshawur	Officers, 5th Northumberland Fusiliers, 6; Medical Officers 4. Total 10 Officers. Men, 5th Northumberland Fusiliers 108; Royal Welsh Fusiliers 1; 3rd Battalion, Rifle Brigade, 44; other Corps 7. Total 160 men.
Rawal Pindi	Officers, 2nd Dragoon Guards, 10; Royal Artillery 5; Royal Horse Artillery 5; Devonshire Regiment 2; Royal Engineers 2; 33rd Punjab Infantry 1; other Corps 12; Medical Officers 2. Total 39 Officers. Men, 2nd Dragoon Guards, 93; Royal Artillery 34; Royal Horse Artillery 60; Devonshire Regiment 5; Queen's Bays 7; Arsenal 9; Commissariat 3; other Corps 1. Total 212 men.
Sanawur	Officer 1.
Sialkot	Medical Officers 3. Men, Royal Horse Artillery, 8; 2nd Dragoon Guards 1; Scotch Fusiliers 7; 11th Hussars 5. Total 21 men.
Simla and Jutogh	Officers 17. Men, Royal Horse Artillery, 31; Gordon Highlanders 32; other Corps 3. Total 66 men.

INDIAN TROOPS.

(Native Officers, Non-Commissioned Officers and Men.) Total 6,404.

Agra	17th Bengal Infantry 1.
Almorah	1/3 Goorkha Rifles 255.
Debra Dun	1/2 Goorkhas 414.
Delhi	36th Sikhs 485.
Jhansi	45th Sikhs 32.

Lucknow	4th Bengal Cavalry 1; 7th Bengal Cavalry 112; 8th Bengal Cavalry 1; 7th Bengal Infantry 108. Total 222.
Abbottabad	1/5 Goorkha Rifles 69; 2/5 Goorkha Rifles 53; No. 1, Kohat Mountain Battery, 172; 1st Punjab Infantry 66. Total 360.
Amritsar	20th Punjab Infantry 12.
Chirat	13th Bengal Lancers 16.
Dharmsala	1/1 Goorkhas 525; 2/1 Goorkhas 662. Total 1,187.
Kapurthala	1st Imperial Service Regiment 162.
Lahore and Mian Mir	20th Punjab Infantry 8; 19th Bengal Lancers 13; 34th Pioneers 15. Total 36.
Nowshera	13th Bengal Lancers 233; 37th Dogras 38. Total 271.
Patiala	Imperial Service and other troops 2,134.
Peshawur	14th Sikhs 132; 28th Punjab Infantry 18; 31st Punjab Infantry 89; Total 239.
Rawal Pindi	33rd Punjab Infantry 13; 11th Bengal Lancers 13. Total 26.
Sangrur	1st Jhind Infantry 451.
Sialkot	12th Bengal Cavalry 45; 38th Dogras 56. Total 101.

List of bodies of population inoculated under conditions favourable for comparative observations on inoculated and uninoculated.

The selection of the above-mentioned localities and groups of individuals was determined chiefly by the willingness of the people to undergo the preventive treatment; but, at the same time, in every place efforts were made to concentrate the operations on bodies of population living under similar and comparative conditions, and supervised by medical and sanitary authorities, in order that, on the occasion of cholera outbreaks, a comparison could be made between the resistance of inoculated and uninoculated individuals.

This object was especially obtained in the following places:—

CIVIL POPULATION.

Indians.

N.-W. P. and Oudh.—Agra, Transport and Police Lines; Orphanage in St. Peter's College.

Fixed agricultural village population in the Kumaun and Garhwal Himalayas, situated parallel to the Hardwar pilgrim road and having for centres the following villages: Dwarahat, Kainur, Mussagali, Paori (population of the village, Chopra Mission School and establishment of the Settlement Officer), Sakniana and Srinagar.

The Tahsili School, Almora.

Punjab.—Jail population and inhabitants of a supervised Sansi village in the following places: Amritsar, Gujerat, Patiala, Sangrur, Sansi village near Sialkot, and Sialkot.

MILITARY POPULATION.

European Troops.

N.-W. P. and Oudh.—Lucknow, Royal Irish Fusiliers and East Lancashire Regiment.

Punjab.—Chirat and Peshawar, Northumberland Fusiliers; Dagshai, 93rd Highlanders.

Native Troops.

N.-W. P. and Oudh.—Almorah, 1/3 Goorkha Rifles; Dehra Dun, 1/2 Goorkhas; Delhi, 36th Sikhs; Lucknow, 7th Bengal Cavalry and 7th Bengal Infantry.

Punjab.—Abbottabad, No. 1, Kohat Mountain Battery; Dharamsala, 1/1 and 2/1 Goorkhas; Kapurthala, 1st Imperial Service Regiment; Nowshera, 13th Bengal Lancers; Patiala, Imperial Service and other Regiments; Peshawar, 14th Sikhs; Sangrur, 1st Jhind Infantry.

The only Observation in Agra made during the recorded year.

Only *one* case of cholera was noted as having occurred in the midst of inoculated people. This was in the family of an inoculated Indian named Abdul Suttar, Mussulman, head constable, in the police lines in Agra. It was reported that the man and his wife, the latter of whom was not inoculated, partook of a fermented infusion of country cucumber seeds, the wife developing a bad attack of cholera, from which she recovered after two days' illness, and the man remaining unaffected.

II.

SECOND AND PART OF THIRD YEAR (FROM MARCH 1894 TO END OF AUGUST 1895).

Inoculation work done during that period.

From the beginning of March 1894 the inoculations were applied in the endemic areas of Lower Bengal and Assam, where the difficulties for carrying out the work and inducing the people to undergo the inoculation were particularly great. The total number inoculated during that period was 19,473, of which 1,860 were inoculated at the cost of and by the Medical Officers of the Health Department of Calcutta, a special laboratory for this purpose having been established by the Municipality in August 1894. About $\frac{2}{3}$ of the total number of inoculated were re-inoculated with the 2nd vaccine. The total number of inoculated was composed as follows :—

CIVIL POPULATION.*

EUROPEANS—TOTAL 129.

Lower Bengal.—Bankipore, 16 inoculated individuals; Calcutta, 25; Chittagong, 24; Dinapore, *about* 30†; Dum-Dum, 2; Gya, 9.

Assam.—Tea Gardens,‡ Alyne (Luckipore P. O.), 2; Anniepore (Ratabari P. O.), 4; Badurpore, 2; Burnie Braes (Hailikandi P. O.), 2; Chargola (Ratabari P. O.), 1; Hatecherra (Silchar P. O.), 1; Jellalpore (Atgram P. O.), 3; Kekragool (Dullabcherra P. O.), 1; Lalong (Luckipore P. O.), 3; Lungla, 1; Maguracherra (Dullabcherra P. O.), 1; Makum (Margherita P. O.), 8; Patecherra (Coombir P. O.), 2; Patemara (Coombir P. O.), 1; Singlacherra (Dullabcherra P. O.), 4; Silchar, 3; Sonatolah (Lungla P. O.), 1; Sonajuli (Borjuli P. O.), 1; Tarrapore (Banskandi P. O.), 1; Tarvincherra (Ratabari P. O.), 1.

EURASIANS—TOTAL 50.

Bankipore, 1; Calcutta, 4; Chittagong, 35; Dinapore, *about* 10.†

INDIANS—TOTAL 18,085 (394 Brahmins).

Lower Bengal.—Bankipore, 24; Calcutta, 4,452 (366 Brahmins); Chittagong and Oodaleah, 866 (6 Brahmins); Dinajpur, 76 (1 Brahmin); Dinapore, *about* 10;† Dum-Dum, 191; Gaya, 720 (11 Brahmins); Mudiali, near Calcutta, 79 (10 Brahmins).

Assam.—Tea Gardens:‡ Adam Tila (Chandkhira P. O.), 321; Alyne (Luckipore P. O.), 288; Anniepore (Ratabari P. O.), 372; Badurpore, 1; Balijan (Tinsukia P. O.), 123; Burnie Braes (Hailikandi P. O.), 449; Chargola (Ratabari P. O.), 295; Craig Park (Kalain P. O.), 64; Degubber (Kalain P. O.), 379; Dhing Bridge Station (Assam Railway), 106; Dooloogram (Silchar P. O.), 79; Duna (Atgram P. O.), 28; Fuskuri (Kalighat

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* The Inoculation Registers, recording particulars of the people inoculated in Bengal proper and in Assam, are deposited in the Health Office of Calcutta. In the case of troops the fact of inoculation has been entered on the Medical History Sheet; in the case of prisoners, on the jail ticket.

† The Register book containing particulars of these inoculations in Dinapore has been left with the 13th Bengal Infantry, and not returned at the time of writing this Report.

‡ In addition to the name of the Tea Garden the local Post Office has been mentioned for easy reference.

P. O.), 124; Hatecherra (Silchar P. O.), 177; Hugrijan (Tinsukia P. O.), 659; Hukumpukri (Tinsukia P. O.), 302; Ialatol (Kalain P. O.), 92; Jellalpore (Atgram P. O.), 28; Kajuricherra (Kalighat P. O.), 298; Kalacherra (Ratabari P. O.), 212; Kalain Tea Estate (Kalain, Magenta, Konapara and Sandhura Gardens, Kalain P. O.), 1,140; Kalaincherra (Kalain P. O.), 145; Kalighat, 71; Karkurie (Kalain P. O.), 429; Kekragool (Dullabcherra P. O.), 137; Lalong (Luckipore P. O.), 84; Loobacherra (Kanai Ghat P. O.), 33; Lungla, 412; Makum (Mergherita P. O.), 740; Magurracherra (Dullabcherra P. O.), 73; Nuthwanpur (Atgram P. O.), 138; Pallarbund and Alipore (Banskandi P. O.) 454; Patecherra (Coombir P. O.), 242; Patemara (Coombir P. O.), 800; Powai (Margherita P. O.), 262; Rajghat (Kalighat P. O.), 282; Singlacherra (Dullabcherra P. O.), 160; Silchar, 10; Sonajuli (Borjuli P. O.), 718; Sonatolah (Lungla P. O.), 45; Tarrapore (Banskandi P. O.), 371; Tarvincherra (Ratabari P. O.), 272; Tikak Coal Mine (Dhing Bridge Railway Station), 251.

MILITARY POPULATION.

EUROPEAN TROOPS—TOTAL 987 (Officers 21, Men 966).

Dinapore .	. Officers, 70th Field Battery, Royal Artillery, 2; 2nd Batn., Manchester Regiment, 8; 13th Bengal Infantry, 1; Medical Officers, 4. Total 15 Officers.
	Men, 2nd Batn., Manchester Regiment, 580; 70th Field Battery, Royal Artillery, 67; other Corps 3. Total 650 men.
Dum Dum	. Officers, 2nd Batn., Royal Sussex Regiment, 3; Medical Officers, 2. Total 5 Officers.
	Men, 2nd Batn., Royal Sussex Regiment, 314; Commissariat and Ordnance Departments, 2. Total 316 men.
Silchar .	. Officer, 1.

NATIVE TROOPS—TOTAL 223.

Dinapore .	. 13th Bengal Infantry, *over* 100.[*]
Dum Dum	. 6th Bengal Light Infantry, 11.
Silchar .	. 2nd (Q. O.) Bengal Light Infantry, 42; Assam Military Police, 70.

List of bodies of population inoculated under conditions favourable for comparative observations in inoculated and uninoculated.

CIVIL POPULATION.

INDIANS.

Calcutta .	. The Bustees.
Chittagong	. The Jail. The Oodaleah Tea Garden (Hathazar P. O.).
Dinajpur .	. The Jail.
Dum Dum	. The Native followers of the Royal Sussex Regiment.
Gaya .	. The Jail.

The above-mentioned Tea Estates near the following Post Offices:—
Borjuli, Margherita, Tinsukia, in Upper Assam.
Dullabcherra, Kalighat, Lungla, Patharkandi, Ratabari, in Sylhet.
Atgram, Banskandi, Coombir, Hailikandi, Kalain, Luckipore, Silchar, in Cachar.

MILITARY.

EUROPEAN TROOPS.

Dinapore .	. The Manchester Regiment. The 70th Field Battery, Royal Artillery.
Dum Dum	. The Sussex Regiment.

NATIVE TROOPS.

Dinapore .	. 13th Bengal Infantry.

[*] The Register book containing particulars of these inoculations in Dinapore has been left with the 13th Bengal Infantry, and not returned at the time of writing this report.

Observations on the effect of Inoculation made during the years 1894-1895.

During this period cholera appeared in the midst of the inoculated population in the following places:—Calcutta, Gaya, Cawnpore, Dinapore and Camp Behta, Lucknow. Tea Gardens: Karkurie (Kalain P. O.), Kalain, Chargola (Ratabari P. O.), Kalacherra (Ratabari P. O.), Degubber (Kalain P. O.), Burnie Braes (Hailikandi P. O.), Pallarbund (Banskandi P. O.), Loobacherra (Atgram P. O.), Sandhura (Kalain P. O.), Lungla and Adam Tila (Chandkhira P. O.).

OBSERVATIONS IN CALCUTTA.

(*Collected and recorded by the Health Officer, Dr. W. J. Simpson.*)

From the commencement of operations in Calcutta, on the 11th of March 1894, up to the end of August 1895, cholera occurred in 36 houses containing inoculated people. The subjoined tables show the localities and addresses of these houses, the number of inoculated and uninoculated inhabitants in them, and the occurrences in both of these groups.

Observations in Calcutta.

Name of the locality where cholera occurred in houses with inoculated inhabitants.	Number of inoculated in the house and particulars of the cholera patient, if he was amongst the inoculated.	Number of uninoculated in the house and particulars of the cholera patient, if he was amongst the uninoculated.
I.—Cantopher's Lane, 8, Ward 20.	2 persons inoculated 2 days before with 1st vaccine. Prankristo, Hindoo, male, 10 years, died on 30-3-94.	13 persons uninoculated.
II.—Ramdhon Datt's house, Katal Bagan Bustee, Ward 19.	6 persons inoculated 9 days before.	2 persons uninoculated. Bilashmoni Dassee, Hindoo, female, 45 years, died on 10-4-94.
III.—Munglo Jamadar's house, at Katal Bagan Bustee, Ward 19.	11 persons inoculated 2, 6, 12 and 15 days before.	7 persons uninoculated. (Present on dates of attack 7, 6, 5 and 4 persons.) 1. Raju Bewah, Mahomedan, female, 40 years, died on 2-4-94. 2. Burseton, Mahomedan, female, 5 years, died on 6-4-94. 3. Ameren, Mahomedan, female, 40 years, died on 12-4-94. 4. Perun Bebee, Mahomedan, female, 25 years, attacked on 16-4-95, recovered.
IV.—Shaik Subratee's house, at Katal Bagan Bustee, Ward 19.	7 persons inoculated 17 days before.	7 persons uninoculated. Shaik Baboo, Mahomedan, male, 30 years, attacked on 18-4-95, recovered.
V.—Karim Ali's house, at Katal Bagan Bustee, Ward 19.	3 persons inoculated 37 days previously.	5 persons uninoculated. Tetar Bewah, Mahomedan, female, 35 years, died on 7-5-94.

Observations in Calcutta—continued.

Name of the locality where cholera occurred in houses with inoculated inhabitants.	Number of inoculated in the house and particulars of the cholera patient, if he was amongst the inoculated.	Number of uninoculated in the house and particulars of the cholera patient, if he was amongst the uninoculated.
VI.—Golam Rohoman's house, at Joratola Bustee, Ward 21.	5 persons inoculated 95 days before.	6 persons uninoculated. Sabujan Bebee, Mahomedan, female, 50 years, died on 17-6-95.
VII.—Isoo Mistry's house, at Beg Bagan Bustee, Ward 21.	4 persons inoculated 99 days before.	2 persons uninoculated. Makal Bebee, Mahomedan, female, 30 years, died on 22-6-95.
VIII.—Shaik Hingoo's house, at Beg Bagan Bustee, Ward 21.	6 persons inoculated 5 days before.	3 persons uninoculated. Daulat Bebee, Mahomedan, female, 19 years, attacked on 22-6-94, recovered.
IX.—Gonessee Bewah's house, at Jorabagan Street, Ward 5.	4 persons inoculated 57 days before.	1 person uninoculated. Balkristo Das, Hindoo, male, 40 years, died on 11-7-94.
X.—Jodunath Chakravarty's house, 155, Upper Chitpore Road Bustee, Ward 1.	4 persons inoculated 2 days before.	7 persons uninoculated. Nundu Lal, Hindoo, male, 13 years, attacked on 13-8-94, recovered.
XI.—H. L. Mukerjee's Coolie Depôt, at 2, Chatto Baboo's Lane, Ward 19.	22 persons inoculated 3 days before.	33 persons uninoculated. Bhagoo, Hindoo, male, 30 years, died on 15-8-94.
XII.—Narain Mistry's house, 155, Upper Chitpore Road Bustee, Ward 1.	3 persons inoculated 3 days before.	8 persons uninoculated. Digamburi Dassee, Hindoo, female, 55 years, died on 15-8-94.
XIII.—Narain Marick's house, at 155, Upper Chitpore Road, Ward 1.	3 persons inoculated 62 days before.	5 persons uninoculated. Kali Dassee, Hindoo, female, 22 years, died on 15-10-94.
XIV.—Bipatha Chamar's house, at Nichoo Bagan Bustee, Ward 21.	3 persons inoculated 271 days before.	6 persons uninoculated. Bipatha Chamar, Hindoo, male, 40 years, died on 11-12-94.
XV.—Ambica Charan Roy's house, Tallygunge Road, Ward 22.	3 persons inoculated 4 days before with 1st vaccine. Ambica Charan Roy, Hindoo, male, 40 years, died on 6-1-95.	2 persons uninoculated.
XVI.—Satkuri Nikari's house, at Katal Bagan Bustee, Ward 19.	2 persons inoculated 300 days before.	6 persons uninoculated. Satkuri Nikari, Hindoo, male, 45 years, died on 27-1-95.

Observations in Calcutta—continued.

Name of the locality where cholera occurred in houses with inoculated inhabitants.	Number of inoculated in the house and particulars of the cholera patient, if he was amongst the inoculated.	Number of uninoculated in the house and particulars of the cholera patient, if he was amongst the uninoculated.
XVII.—Pitamber Sircar's house, at Kopidanga Bustee, Ward 25.	4 persons inoculated 63 days before.	5 persons uninoculated. Pelye, Hindoo, female, 65 years, died on 26-3-95.
XVIII.—Baboo Banikanto Mukerjea's house, Kalikumar Mukerjea's Lane, Shibpore.	6 persons inoculated 240 days before.	1 person uninoculated. Baboo Banikanto Mukerjea's wife, Hindoo, female, 25 years, died in March 1895.
XIX.—Surendra Nath Ghosh's house, at 33, Shampuker Street Bustee, Ward 1.	3 persons inoculated 370 to 383 days before.	11 persons uninoculated. (Average present 10 uninoculated.) 1 Soilandra Kumar Ghose, Hindoo, male, 1½ years, died on 30-3-95. 2 Nattoo Dassee, Hindoo, female, 6 years, died on 1-4-95. 3 Indramutty Dassee, Hindoo, female, 5 years, died on 9-4-95.
XX.—Guru Prosad Khottah's house, at 23, Nimtolla Ghat Street Bustee, Ward 5.	2 persons inoculated 319 days before.	10 persons uninoculated. Chanchala Bewah, Hindoo, female, 25 years, died on 31-3-95.
XXI.—Gopal Dass's house, at 33/H/13, Shampuker Street Bustee, Ward 1.	12 persons inoculated 384 days before.	13 persons uninoculated. Kusum Behara, Hindoo, male, 40 years, died on 7-4-95.
XXII.—Sookhon Khan's house, Kurya Bustee, Ward 21.	1 person inoculated on the same day with 1st vaccine. Samsen Nessa, Mahomedan, female, 8 years, died on 6-4-95.	2 persons uninoculated.
XXIII.—Lakhimoni Dhye's house, at 66/1, Boloram Dey's Street, Ward 5.	5 persons inoculated 114 to 118 days before.	8 persons uninoculated. (On dates of attack present 8 and 7.) 1 Mati Bewah, Hindoo, female, 21 years, died on 9-4-95. 2 Gorobini Dassee, Hindoo, female, 32 years, died on 11-4-95.
XXIV.—Durga Churn Bose's house, at 20-H-1, Middle Road, Entally, Ward 19.	2 persons inoculated 378 and 393 days before.	6 persons uninoculated. 1 Radhamoni Dassee, Hindoo, female, 30, attacked on 13-4-95, recovered. 2 Surendra Chandra Bose, Hindoo, male, 3 years, died on 28-4-95.
XXV.—Nistarini Devi's house, at 2, Nokuleswartolla Lane, Ward 22.	2 persons inoculated 71 days before.	6 persons uninoculated. Nogendra Bala, Hindoo, female, 3½ years, died on 26-4-95.

Observations in Calcutta—continued.

Name of the locality where cholera occurred in houses with inoculated inhabitants.	Number of inoculated in the house and particulars of the cholera patient, if he was amongst the inoculated.	Number of uninoculated in the house and particulars of the cholera patient, if he was amongst the uninoculated.
XXVI.—Shaik Hossain Box's house, at 8-H-12, Middle Road, Entally, Ward 19.	1 person inoculated 394 days before.	9 persons uninoculated. Shaik Fakir, Mahomedan, male, 25 years, died on 3-5-95.
XXVII.—Munshi Manirudeen's house, at 6, Marquis St., Ward 13.	9 persons inoculated 356 to 362 days before.	43 persons uninoculated. (Average present 42.) 1. Mangloo, Hindoo, male, 11 years, died on 3-5-95. 2. Rashmoni, Hindoo, female, 4 years, died on 6-5-95. 3. Chamroo, Hindoo, male, 5 years, died on 7-5-95.
XXVIII.—Mohit Chamar's house, at Nichoo Bustee, Ward 21.	10 persons inoculated 143 days before.	24 persons uninoculated. Dhonpatia, Hindoo, female, 7 years, died on 6-5-95.
XXIX.—Abdul Aziz's house at 17-H., Muchipara Road, Ward 19.	3 persons inoculated 401 to 404 days before.	8 persons uninoculated. 1. Marihur Bebee, Mahomedan, female, 80 years, died on 7-5-95. 2. Shaik Abbash, Mahomedan male, 45 years, died on 7-5-95.
XXX.—Chonilal Koormie's house, 16, Jorabagan Street Bustee, Ward 5.	3 persons inoculated 132 days before.	18 persons uninoculated. Panchoo, Hindoo, male, 45 years, died on 28-5-95.
XXXI.—Babar Ali's house, Nichoo Bustee, Ward 21.	5 persons inoculated 448 days before.	7 persons uninoculated. (On the 2nd June, date of attack, present 7.) 1. Abdul Jabbar, Mahomedan, male, 3½ years, died on 2-6-95. 2. Sheanath, Mahomedan, male, 32 years, died on 3-6-95.
XXXII.—Karim Bux's house, at Nichoo Bustee, Ward 21.	3 persons inoculated 446 to 453 days before.	8 persons uninoculated. (Average present 7.) 1. Modon, Hindoo, male, 8 years, died on 4-6-95. 2. Phool, Hindoo, male, 2 years, died on 6-6-95. 3. Rashu, Hindoo, male, 5 years, died on 9-6-95.
XXXIII.—Narain Chandra Banerjee's house, at 58, Haldarparah Road, Ward 22.	4 persons inoculated 120 days before.	11 persons uninoculated. Nagendra Bala, Hindoo, female, 23 years, attacked on 13-6-95, recovered.

Observations in Calcutta—continued.

Name of the locality where cholera occurred in houses with inoculated inhabitants.	Number of inocluated in the house and particulars of the cholera patient, if he was amongst the inoculated.	Number of uninoculated in the house and particulars of the cholera patient, if he was amongst the uninoculated.
XXXIV.—Abdul Hakim's house, at Katal Bagan Bustee, Ward 19.	2 persons inoculated 459 days before. Samsun Nessa, Mahomedan, female, 8 years, died on 5-7-95. Inoculated only with 1st vaccine.	5 persons uninoculated.
XXXV.—Sridhar Poirah's house, 114-H., Jaun Bazar Street, Ward 19.	15 persons inoculated 109 days before.	26 persons uninoculated. Rada Krishan, Hindoo, male, 22 years, died on 9-7-95.
XXXVI.—Rotikanto Das's house, at 66, Annond Gopal Palit's Lane, Ward 19.	1 person inoculated 309 days before.	6 persons uninoculated. Shubad, Hindoo, male, 10 years, died on 14-7-95.

There lived in the affected houses before cholera appeared in them 521 inhabitants, of whom 181 were inoculated from 1 to 459 days before the occurrence, while 340 remained uninoculated.

The uninoculated members of these houses had altogether 45 cases with 39 deaths from cholera; the inoculated had 4 fatal cases, of which 1 occurred 459 days after the first inoculation, in a child that had not been brought for the 2nd inoculation: and the 3 others, from 1 to 4 days after the 1st inoculation in people who had not yet had time to undergo the 2nd inoculation.

Disregarding the distribution of the cases *in time* and taking the total of inhabitants and occurrences, the percentages were as follows:—

335* uninoculated,	45 cases (13·43°/o),	39 deaths (11·64°/o).
181 inoculated,	4 cases (2·21°/o),	4 deaths (2·21°/o).

The reduction of cases among the inoculated, in comparison with the uninoculated, has been 6·08 times; the reduction of deaths only 5·27 times; this makes the "case mortality" among the inoculated (4 deaths in 4 cases representing 100 per cent.) higher than among the uninoculated (39 deaths in 45 cases representing 86·55 per cent.).

There being in this treatment two hypodermic injections, of two different vaccines, each of which requires about 5 days for producing its full effect (in correspondence with a nearly similar period in vaccination against smallpox), the subjoined tables show the occurrences, in inocculated and uninoculated, as regards their distribution *in time*, after inoculation.

During the first 5 days (after the *first* inoculation), *vide* cases I, III, VIII, X, XI, XII, XV and XXII in the Tables.	In 75 uninoculated there occurred 5 cases (6·66°/o), 3 deaths (4°/o). In 52 inoculated there occurred 3 cases (5·77°/o), 3 deaths (5·77°/o).

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* During the course of the observation in the same houses deaths from cholera reduced the number of the uninoculated bringing the total of 340 uninoculated to an average of 335 (*vide* cases III, XIX, XXIII, XXVII and XXXII).

During the second 5 days (after the *second* inoculation), *vide* case II and again case III.	In 8 uninoculated there occurred 2 cases (25°/₀), 2 deaths (25°/₀). In 17 inoculated there occurred 0 case (0°/₀), 0 deaths (0°/₀).
After the first 10 days and up to the 459th day, *vide* again case III and all the remaining Nos.	In 263 uninoculated there occurred 38 cases (14·45°/₀), 34 deaths (12·93°/₀). In 134 inoculated there occurred 1 case (0·75°/₀), 1 death (0·75°/₀).

Setting aside the occurrences in inoculated and non-inoculated during the first 10 days and considering those that occurred after the 10 days expired, the proportion of cases was 19·27 and that of deaths 17·24 times smaller in the inoculated than in the uninoculated, and that proportion extended up to the 459th day after the operation.

The results in Calcutta being the best observed up to now, I thought it most important to ascertain for myself the degree of precision to be attributed to the observations. On the 30th of July last Dr. W. J. Simpson and I, accompanied by Medical Inspectors of the Municipality of Calcutta, went into the suburban parts of the town and revisited the following localities :—

Golam Rohoman's house, at Joratola Bustee, Ward 21, case VI of the Tables.
Isoo Mistry's house, at Beg Bagan Bustee, Ward 21, case VII.
Shaik Hingoo's house, at Beg Bagan Bustee, Ward 21, case VIII.
Bipatha Chamar's house, at Nichoo Bagan Bustee, Ward 21, case XIV.
Durga Churn's house, at 20-H-1, Middle Road, Entally, Ward 19, case XXIV.
Nistarini Devi's house, at 2, Nokuleswartolla Lane, Ward 22, case XXV.
Mohit Chamar's house, at Nichoo Bustee, Ward 21, case XXVIII.
Abdul Aziz's house, at 17-H., Muchiparah Road, Ward 19, case XXIX.
Babar Ali's house, at Nichoo Bustee, Ward 21, case XXXI.
Karim Box's house, at Nichoo Bustee, Ward 21, case XXXII.
Abdul Hakim's house, at Katal Bagan Bustee, Ward 19, case XXXIV.

The details regarding the cases stated in the Tables (which had been communicated to the Commissioners of the Calcutta Municipality in monthly reports) were found to be of unexceptional accuracy; the number of inoculated and uninoculated in each house were carefully verified and found exact in all instances; both groups were living mixed in the same houses, belonging to the same class of people and representing, in each house, defined and well-isolated units of observation. The cases of cholera in inoculated people, stated in the Tables, were known to all the people around and pointed out to us immediately; no other cases besides those stated have been mentioned.

A number of observations, which took place during the last year, were investigated at the time by myself, before my expedition in Assam; in their number were the very important cases I, II, III (*vide* the Tables) and others.

OBSERVATIONS IN THE GAYA JAIL.

(*Recorded by Surgeon-Lieutenant-Colonel R. Macrae, Superintendent and Civil Surgeon.*)

The inoculations were applied after 6 cases with 5 deaths had occurred in the jail during the preceding week. The injection of the 1st vaccine took place on the 18th and 19th July 1894, that of the 2nd vaccine on the 23rd and 24th. The important feature of the observations in Gaya was that, while the number of inoculated was slightly higher than the number of those left uninoculated, both groups have been put in all other respects (age, sex, health, housing, clothing, feeding, drink, work, hours of sleep, and other habits of life) in as identical conditions as can be possibly obtained in a community.

In the interval between the 1st and 2nd inoculations the prisoners were kept in the jail; after the 2nd inoculation was performed, the majority of inoculated and uninoculated were removed into camp, while the rest of both groups were left in the jail.

During the stay of the whole of the prisoners in the jail the occurrences were as follows:—

I	209 uninoculated,	7 cases (3·35%),	5 deaths (2·39%).
	211 inoculated,	5 cases (2·37%),	4 deaths (1·89%).

After the 2nd inoculation had been performed, the occurrences were:—

II	Among those moved into camp—		
	146 uninoculated,	6 cases (4·11%),	2 deaths (1·37%).
	171 inoculated,	2 cases (1·17%),	1 death (0·58%).
	and among those left in the jail—		
	49 uninoculated,	7 cases (14·28%),	3 deaths (6·12%).
	32 inoculated,	1 case (3·12%),	no deaths (0%).

Analysing the occurrences in regard to their distribution *in time*, the results were as follows:—

During the first 5 days, following the 1st inoculation.	210 uninoculated,	7 cases (3·33%),	5 deaths (2·38%).
	212 inoculated,	5 cases (2·36%),	4 deaths (1·89%).
During the next 5 days, following the 2nd inoculation.	197 uninoculated,	9 cases (4·57%),	4 deaths (2·03%).
	206 inoculated,	3 cases (1·46%),	1 death (0·48%).
During the next (last of the epidemic) 4 days.	192 uninoculated,	3 cases (1·56%),	1 death (0·52%).
	201 inoculated,	no cases (0%),	no deaths (0%).

Disregarding the distribution of the occurrences *in time*, and taking the total of inhabitants and occurrences, the percentages were as follows:—

202 uninoculated,	20 cases (9·90%),	10 deaths (4·95%).
207 inoculated,	8 cases (3·86%),	5 deaths (2·42%).

The number of cases among the inoculated appears to have been reduced 2·56 times in comparison with the uninoculated, whereas the number of deaths was reduced only 2·05 times; therefore, "the case-mortality" among the inoculated (62·5%) appears in this instance also higher than among the uninoculated (50%).

OBSERVATIONS IN CAWNPORE.

(*Communicated by Surgeon-Major J. L. Peyton, Station Hospital, Cawnpore.*)

During the outbreak of cholera in the North-West Provinces in July and August of last year, 19 cases of cholera with 13 deaths occurred among the European troops in Cawnpore. The numbers of inoculated and uninoculated in the affected corps are stated as 75 and 797 respectively, the former having undergone the inoculation 13 months previously. All cases and deaths occurred among the uninoculated, giving a percentage as follows:—

797 uninoculated,	19 cases (2·38%),	13 deaths (1·63%).
75 inoculated,	no cases (0%),	no deaths (0%).

OBSERVATIONS IN DINAPORE AND CAMP BEHTA.

(*Collected by the Officers commanding the Companies of the 2nd Battn. Manchester Regiment, and transmitted by Surgeon-Lieutenant C. Barry.*)

The inoculations in the 2nd Battn., Manchester Regiment, were applied in Dinapore and in the camp at Behta during the epidemic of July and August 1894, after 13 cases and 9 deaths occurred among the troops. During the 6 days which followed the inoculations, and while there were 193 men inoculated and 729 uninoculated, 6 more cases with 3 deaths occurred in the regiment amongst the uninoculated. After this 387 more men came for the inoculation. No other cases were observed.

The percentage of occurrences was as follows :—

729 uninoculated,	6 cases (0·82$^{\circ}/_{0}$),	3 deaths (0·41$^{\circ}/_{0}$).
193 inoculated,	no cases (0$^{\circ}/_{0}$),	no deaths (0$^{\circ}/_{0}$).

OBSERVATIONS IN LUCKNOW.

(*Collected from the documents of the East Lancashire Regiment and revised by Surgn.-Col. Martin, P. M. O.*)

The inoculations in Lucknow were performed in May 1893. In July and August 1894 cholera attacked the 1st Battalion, East Lancashire Regiment, of an average strength, at that time, of 773 men. Of these 133 had been inoculated, and 640 were uninoculated. The occurrences were as follows :—

640 uninoculated,	120 cases (18·75$^{\circ}/_{0}$),	79 deaths (12·34$^{\circ}/_{0}$).
133 inoculated,	18 cases (13·53$^{\circ}/_{0}$),	13 deaths (9·77$^{\circ}/_{0}$).

The small amount of protection which the inoculation afforded in this case may have depended on the mild effect which the injections produced on the men at the time of the operation in 1893 in comparison with the severity of the epidemic which attacked the regiment. It is recorded in the Lucknow Inoculation Registers that only in 2 men out of the 185 inoculated in 1893, a marked febrile reaction was obtained ; in 77 individuals the vaccinal fever was only slight, while in 66 there was no reaction, an effect which was due to the weakness of the vaccines procurable at that period of work, and to the small doses used. The influence of the vaccines was possibly further reduced at the time of the epidemic by a lapse of 14 to 15 months.

OBSERVATIONS IN THE KARKURIE TEA GARDEN, NORTH-WESTERN CACHAR TEA CO., KALAIN P. O.

(*Collected by Dr. Arthur Powell, Medical Officer, and H. Chamney, Esq., Manager.*)

The inoculations in Karkurie (North Cachar) with the first vaccine were done in the beginning of February 1895; the inoculations with the second vaccine at the end of April. The annexed tables* refer to cases of cholera which occurred on the garden in the interval between the 1st and 2nd inoculations with the exception of the last three which occurred later.

Out of the 14 cases of cholera recorded up to the end of May, 8 were in new coolies, who had contracted the disease within a fortnight after their arrival. As the new coolies are, as a rule, more susceptible to cholera than the old ones, and, moreover, present in some cases, the possibility of having contracted the disease on their way, and as there were no inoculated amongst them for a comparison with the uninoculated, they are excluded from the calculations below.

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* *Vide* pp. 33 and ff.

On the dates of the attacks in the 6 other cases, the total number of uninoculated on the garden was: 17th April, 180; 18th April, 194; 21st April, 194; 26th April, 194; 25th May, 225; 28th May, 230 (*vide* the Tables), making an average of 203 people. The total number of inoculated on the same dates was 420, 420, 420, 420, 391, 382, or, on an average, 409. All the cases occured in two lines, one of which had 38 uninoculated and 67 inoculated inhabitants, and the other 64 uninoculated and 62 inoculated, giving a total of uninoculated in the two lines of 102, and of inoculated 129. The affected houses contained 3, 3, 0, 1 and 4, total 11 uninoculated inhabitants, and 0, 1, 5, 2 and 1, total 9 inoculated. The uninoculated had 5 cases with 2 deaths, the inoculated 1 death. The death in inoculated was in a dysenteric woman of 40, who had been inoculated only with the 1st vaccine and had been refused the 2nd inoculation, a week before her death, because of her precarious state. The subjoined table gives the percentage of occurrences:—

Uninoculated—

On the whole garden,	203	had 5 cases	2.46%	2 deaths	0·98 %
In the affected lines,	102		4·90%		1·96 %
In the affected houses,	11		45·45%		18·18%

Inoculated—

On the whole garden,	409	had 1 case (in inoculated once)	0·24%	1 death	0·24%
In the affected lines,	129		0·77%		0·77%
In the affected houses,	9		11·11%		11·11%

OBSERVATIONS IN THE KALAIN TEA GARDENS, KALAIN P. O.

(*Collected by Dr. A. Powell, Medical Officer, and H. Weir, Esq., Managing Proprietor.*)

The cases recorded in the annexed returns†, except the last 4, occurred in the interval between the 1st and 2nd inoculations, which in this instance also were separated by a period of 2 to 3 months. Out of the 35 cases of cholera recorded, 11 were in coolies who had arrived on the garden within a fortnight before the attack, and are excluded from the calculations.

On the dates of attacks the population of the whole garden was: Uninoculated, 1,609 (10-3-95); 1,608 (11-3-95); 1,608 (12-3-95); 1,609 (17-3-95); 1,609 (18-3-95); 1,609 (19-3-95); 1,612 (28-3-95); 1,628 (2-4-95); 1,634 (10-4-95); 1 (in an isolated hut) (15-4-95); 1,190 (4-5-95), 1,076 (9-5-95); 1,080 (12-5-95); giving an average of 1,375 uninoculated.

Inoculated, present on the same dates, 606, 606, 606, 606, 606, 606, 606, 606, 606, 2, 1,062, 1,166, 1,165; giving an average of 681 inoculated.

The population of the affected lines was:—

Uninoculated 37 (an average), 20 (an average), 1, 17, 19, 2, 9. Total 105.

Inoculated 13, 21, 2, 25, 19, 0, 17. Total 97.

The population of the affected houses: Uninoculated, total, 48. Inoculated, total, 19.

The percentages of occurrences were as follows:—

Uninoculated—

On the whole garden,	1,375	had 22 cases	1·6 %	10 deaths	0·73%
In the affected lines,	105		20·95%		9·52%
In the affected houses,	48		45·83%		20·83%

Inoculated—

On the whole garden,	681	had 2 cases (in inoculated once)	0·29%	1 death	0·15%
In the affected lines,	97		2·06%		1·03%
In the affected houses,	19		10·53%		5·26%

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* *Vide* pp. 33 and ff.

OBSERVATIONS IN THE CHARGOLA GARDEN, RATABARI P. O.

(*Collected by Dr. A. Allen, Medical Officer, and E. Todd Naylor, Esq., Manager.*)

Two lists of cases have been communicated from Chargola, one referring to cases of undoubted cholera, another to cases of what is called in those districts "choleraic diarrhœa," but what, judging from their occurrence during the cholera season, might have been cases of mild (all non-fatal) attacks of cholera.

All cases occurred in the interval between the 1st and 2nd inoculation, which in this garden were separated by a period of 5 months.

Cases of undoubted cholera.—There have been 4, with 2 fatal issues, particulars being given in the annexed tables; all occurred in the uninoculated coolies. One of these cases (fatal) was in a coolie who arrived on the garden on the same day, and is excluded from the calculations below.

The percentage of occurrences was as follows:—

Uninoculated—

On the whole garden,	1,007	had 3 cases	0·30%	1 death	0·10%
In the affected lines,	23		13·04%		4·35%
In the affected houses,	10		30%		10%

Inoculated—

On the whole garden,	291	had no cases	0%	no death	0%
In the affected lines,	11				
In the affected houses,	5				

Cases of "Choleraic diarrhœa"—

Uninoculated	On the whole garden,	1,007	5 cases	0·50%	No fatalities.
	In the affected houses,	26		19·23%	
Inoculated	On the whole garden,	291	3 cases	1·03%	
	In the affected houses,	8		37·5 %	

(in inoculated once).

OBSERVATIONS ON THE KALACHERRA TEA GARDEN, RATABARI P. O.

(*Collected by E. Todd Naylor, Esq., and J. C. Tristram, Esq., Managers, and Dr. A. Allen, Medical Officer.*)

On this garden, contiguous to the Chargola Garden, cholera occurred 2 days after it appeared in Chargola. There were in all 4 cases with 3 deaths, all in uninoculated coolies. About 2 months previously, while there was no cholera in the district, an inoculated woman had been taken with pains in the abdomen, which lasted for 9½ hours; she was then taken with vomiting and purging, and died in 2½ hours, without presenting any other symptoms. Her death was attributed at the time to some poisonous substance swallowed by accident. As the Managers were asked to get recorded all cases inoculated in which any choleraic symptoms should be observed, this case was put down in the return and is included in the calculation below. Percentages of occurrences in Kalachera:—

Uninoculated—

On the whole garden,	520	had 4 cases	0·77%	3 deaths	0·58%
In the affected lines,	13		30·77%		23·07%
In the affected houses,	11		36·36%		27·27%

Inoculated—

On the whole garden,	211	1 case (inoculated once.)	0·47%	1 death	0·47%
In the affected lines,	4		0·25%		0·25%
In the affected houses,	1		100%		100%

OBSERVATIONS IN THE PALLARBUND TEA GARDEN, BANSKANDI P. O.

(*Collected by W. Mason, Esq., Manager.*)

There were two deaths from cholera in uninoculated coolies. The percentages were as follows:—

Uninoculated—

On the whole garden,	1,170	had 2 cases	0·17%	2 deaths	0·17%
In the affected lines,	70		2·86%		2·86%
In the affected houses,	7		28·57%		28·57%

Inoculated—

On the whole garden,	451	No cases	0%	No death	0%
In the affected lines,	63				
In the affected houses,	1				

OBSERVATIONS IN THE DEGUBBER TEA GARDEN, KALAIN P. O.

(*Collected by Dr. A. Powell, Medical Officer, and H. Chamney, Esq., Manager.*)

There were 2 cases in Degubber, 1 fatal, particulars being given in the adjoining table. Both cases occurred in uninoculated coolies. The percentages of the occurrences were as follows:—

Uninoculated—

On the whole garden,	228	had 2 cases	0·88%	1 death	0·44%
In the affected lines,	64		3·12%		1·56%
In the affected houses,	5		40%		20%

Inoculated—

On the whole garden,	387	No cases	0%	No death	0%
In the affected lines,	62				
In the affected houses,	3				

OBSERVATIONS IN THE ADAM TILA TEA GARDEN, CHANDKHIRA P. O.

(*Collected by H. A. Brown Constable, Esq., Manager.*)

Two cases with 1 death are reported from Adam Tila, both in people inoculated once, 2 and 2½ months after inoculation. The percentages of occurrences are as follows:—

Uninoculated—

On the whole garden,	657	had no cases	0%	No death	0%
In the affected lines,	7				
In the affected houses,	3				

Inoculated—

On the whole garden,	318	had 2 cases (in inoculated once).	0·63%	1 death	0·31%
In the affected lines,	3		66·66%		33·33%
In the affected houses	2		100%		50%

OBSERVATIONS IN THE LUNGLA TEA GARDEN, LUNGLA P. O.

(*Collected by Surgeon-Captain Hare, I.M.S., and W. Marillier, Esq., Manager.*)

There was a large number of cases of diarrhœa in inoculated and uninoculated, some with mild choleraic symptoms. All recovered, except three, with undoubted cholera symptoms, which ended fatally. The three fatal cases were in uninoculated coolies and are recorded in the subjoined Tables. The percentages were as follows :—

Uninoculated—

On the whole garden,	2,050	had 3 cases	0·15%	deaths	0·15%
In the affected houses,	8		27·5%		27·5%

Inoculated—

On the whole garden,	421	had no cases	0%	no deaths	0%
In the affected houses,	0				

CASES IN THE BURNIE BRAES (HAILIKANDI, P. O.), LOOBACHERRA (ATGRAM P. O.), KALAINCHERRA (KALAIN P. O.) AND SANDURA (KALIAN P. O.) TEA GARDENS.

No returns have been received as yet from these gardens, except a communication, that, since the date of the inoculation, there occurred 2 cases with 1 death in Burnie Braes, 3 cases with 1 death in Loobacherra, 4 cases with 2 deaths in Kalaincherra and 2 cases with 1 death in Sandura, all in uninoculated coolies. Of these gardens, in Burnie Braes and in Kalaincherra, a large proportion of the population had been inoculated (449 and 145 respectively, making $\frac{1}{4}$ to $\frac{1}{2}$ of the whole population) ; in the two other gardens, the proportion of inoculated was from $\frac{1}{14}$ to $\frac{1}{6}$ of the total.

Summarising the observations made on the gardens, on coolies inoculated *once*,—that is, before the 2nd inoculation was applied,—the results are as follows :—

Total of uninoculated on all the affected gardens—*

In the whole population,	7,272	had 38 cases	0·52%	19 deaths	0·26%
In the affected lines,	374		10·16%		5·08%
In the affected houses,	103		36·89%		18·35%

Total of inoculated on all the affected gardens—

In the whole population,	3,162	had 5 cases	0·16%	3 deaths	0·09%
In the affected lines,	369		1·36%		0·82%
In the affected houses,	40		12·50%		7·50%

The 2nd inoculation on these gardens (in Sylhet and Cachar) were performed between the end of April and the end of July of this year, after the cholera season had finished.

* Exclusive of the 20 cases with 12 deaths in new uninoculated coolies and 11 cases with 5 deaths in old uninoculated coolies, but regarding which the returns have not yet arrived.

Name of Place: Kurkoorie Tea Garden, Kalain P. O., Dr. Arthur Powell, Medical Officer; H. Chamney, Esq., Manager.

	Particulars regarding the individual attacked with cholera.				Total number of *uninoculated* present on the date of attack.		Total number of *inoculated* present on the date of attack.		Number of people who arrived in the place during the preceding fortnight.		Particulars regarding the *uninoculated* people who lived in the affected house on the date of attack (including the patient, if uninoculated).			Particulars regarding the *inoculated* people who lived in the affected house on the date of attack (including the patient, if inoculated), date of their inoculation and serial number in Inoculation Register.							
Date of attack.	Name and Father's Name.	Caste.	Birth-place.	Date of arrival in the place.	In the whole place.	In the affected group of houses.	In the whole place.	In the affected group of houses.	Uninoculated (on date of attack).	Inoculated.	Name and Father's Name.	Sex.	Age.	Name and Father's Name.	Sex.	Age.	Serial Number in the Register.	Date of 1st inoculation.	Date of re-inoculation.	Date of recovery of the patient.	Date of death.
16-3-95	Mangli, Baburam .	Kal	Rewa	New coolie.	133	21	377	75	...	...	Mangli, Baburam . Satila, Amon . Jagni, Mangli Budu, Mangli	M F F M	35 30 8 4	... ...	...	...	...	...	...	...	18-3-95
16-3-95	Somai . . .	Kal	Rewa	New coolie.	133	21	377	75	...	...	Somai . Latra, Somai .	M M	29 20	... ...	...	...	...	...	...	...	18-3-95
17-3-95	Satila, Panchan .	Chamar	Rewa	New coolie.	133	21	377	75	...	...	Satila, Panchan Badu . .	F M	27 35	... ...	...	...	...	...	...	...	19-3-95
18-3-95	Gonesha, Badu .	Chamar	Rewa	New coolie.	133	21	377	75	...	...	Sanesha, Badu	M	10	... ...	...	...	...	...	...	...	18-3-95
18-3-95	Methuri, Badu .	Chamar	Rewa	New coolie.	133	21	377	75	...	...	Methuri, Badu	F	4	... ...	...	...	...	...	...	...	19-3-95
19-3-95	Booti, Badu . .	Chamar	Rewa	New coolie.	177	65	377	75	...	...	Booti, Badu .	F	10	... ...	...	...	...	...	...	22-3-95	
20-3-95	Kaisalla, Bodhi .	Kal	Rewa	New coolie.	175	64	377	75	...	...	Kaisalla, Budhu Mongli, Keshan	F F	38 25	... ...	...	...	...	...	...	23-3-95	
17-4-95	Dhadra, Manua .	Rajowar	Cachar	1892	180	38	420	67	...	...	Dhadra, Manua	M	3	... ...	...	...	...	...	...	...	18-4-95
18-4-95	Manua . . .	Rajowar	Hazaribagh.	Yrs. ago	194	38	420	67	...	...	Manua . . Mohini, Raghu	M F	38 28	... ...	...	...	...	...	...	21-4-95	
21-4 95	Raton . . .	Chamar	Ghazipur.	Yrs. ago	194	38	420	67	...	...	Raton . . Lockhea . Bochia, Raton .	M F F	35 32 4	... ... Faguah, Ganpat.	... M	... 11	... ...	... 11-2-95	...	24-4-95	
21-4-95	Sulka, Kanai .	Kal	Rewa	New coolie.	194	62	420	75	...	...	Sulka, Kanai . Jogni, Mongli Budu, Mongli	M F M	19 8 4	... ...	...	...	...	...	...	25-4-95	
26-4-95	Sukaru, Jairam .	Mahali	Ranchi	Yrs. ago	194	38	420	67	...	...	... ...	...	...	Sukarru, Jairam. Mongal, . Luckon, Mongal. Samari, I, Bola. Samari III .	F M M F F	40 38 6 45 26	... ...	11-2-95 11-2-95 11-2-95 11-2-95 11-2-95	Not done.	...	27-4-95
25-5-95	Ramkalia, Bandu .	Dusad	Gaya	Yrs. ago	225	64	391	62	...	...	Ramkalia, Bandu.	F	50	... ... Budua, Jagonath. Nagesshari, Ghamari.	... M F	... 20 20	... 51 230	... 8-2-95 8-2-95	... 22-4-95 22-4-95	28-5-95	

Name of Place: Kurkoorie Tea Garden, Kalain P. O., Dr. Arther Powell Medical Officer; H. Chamney, Esq., Manager—concluded.

	Particulars regarding the individual attacked with cholera.				Total number of *uninoculated* present on the date of attack.		Total number of *inoculated* present on the date of attack.		Number of people who arrived in the place during the preceding fortnight.		Particulars regarding the *uninoculated* people who lived in the affected house on the date of attack (including the patient, if uninoculated).			Particulars regarding the *inoculated* people who lived in the affected house on the date of attack (including the patient, if inoculated), date of their inoculation and serial number in Inoculation Register.							
Date of attack.	Name and Father's Name.	Caste.	Birth-place.	Date of arrival in the place.	In the whole place.	In the affected group of houses.	In the whole place.	In the affected group of houses.	Uninoculated (on date of attack).	Inoculated.	Name and Father's Name.	Sex.	Age.	Name and Father's Name.	Sex.	Age.	Serial Number in the Register.	Date of 1st inoculation.	Date of re-inoculation.	Date of recovery of the patient.	Date of death.
28-5-95	Mangri, Pirtam .	Musahar	Gaya	Yrs. ago	230	64	382	62	...	...	Mangri, Pirtam	F	32	... ...	...	...	...	...	...	...	29-5-95
											Kartik, Aklu .	M	12								
											Bandra, Aklu.	M	9								
											Sukri, Aklu .	F	1								
														Aklu, Jagu .	M	39	110	8-2-95	22-4-95		

Name of Place: Kalain, Konapara, Magenta Gardens, Kalain P. O., H. Weir, Esq., Managing Partner; Dr. Arthur Powell, Medical Officer.

9-3-95	Rija, Baura .	Assur .	Ranchi	7-3-95	1610	39	606	13	...	...	Rija, Baura .	M	40	... ...	...	...	...	...	...	...	9-3-95
18-3-95	Birbol, Lumba .	Do. .	Do. .	Yrs. ago	1609	38	606	13	...	...	Birbol, Lumba	M	50	... ...	...	...	...	...	...	19-3-95	
18-3-95	Debri, Birbol .	Do. .	Do. .	do. .	1609	38	606	13	...	...	Debri, Birbol.	F	14	... ...	...	...	...	...	...	20-3-95	
											Kandani, Birbol.	F	13								
10-3-95	Bhagoban, Raberam.	Munda	Cachar	1890	1609	38	606	13	...	...	Bhagaman, Robiram.	M	5	... ...	...	...	...	...	...	...	10-3-95
11-3-95	Chapa, Raberam .	Do. .	Do. .	1892	1608	37	606	13	...	...	Chapa, Robiram.	F	3	... ...	...	...	...	...	...	13-3-95	
12-3-95	S homi.Lodra .	Do. .	Ranchi	Yrs. ago	1608	37	606	13	...	...	Shomi, Ladra	F	30	... ...	...	...	...	...	...	14-3-95	
2-4-95	Samari, Dirpal .	Assur .	Do. .	7-3-95	1628	38	606	13	...	...	Samari, Dirpal	F	1	... ...	...	...	...	...	...	...	2-4-95
														Robiram, Chamru.	M	35	610	10-2-95			
11-3-95	Ladura . .	Munda	Ranchi	7-3-95	1603	13	606	0	...	..	Ladura . .	M	11	... ...	...	...	...	...	...	...	11-3-95
											Luchmon .	M	40								
12-3-95	Ramni, Lochan .	Assur .	Ranchi	7-3-95	1608	37	606	13	...	...	Ramni, Lochan	F	25	... ...	...	...	...	...	...	14-3-95	
14-3-95	Dirpal Lomba .	Do. .	Do. .	do.	1609	37	606	13	...	...	Dirpal, Lomba	M	32	... ...	...	...	...	...	...	...	16-3-95
14-3-95	Dassad, Dirpal .	Do. .	Do. .	do.	1609	36	606	13	...	...	Dassad, Dirpal	M	10	... ...	...	...	...	...	...	16-3-95	
14-3-95	Ramon, Dumka .	Do. .	Do. .	do.	1609	36	606	13	...	...	Raman, Dumka.	M	28	... ...	...	...	...	...	...	16-3-95	
15-3-95	Radha, Borra .	Do. .	Do. .	do.	1609	36	606	13	...	...	Radha, Borra.	M	26	... ...	...	...	...	...	...	...	15-3-95
15-3-95	Lahora, Radha .	Do. .	Do. .	do.	1609	36	606	13	...	...	Lahora, Radha	M	8	... ...	...	...	...	...	...	...	15-3-95
16-3-95	Dumra, Duria .	Do. .	Do. .	do.	1609	34	606	13	...	...	Dumra, Duria	M	14	... ...	...	...	...	...	...	20-3-95	
16-3-95	Balku, Allad .	Munda	Do. .	do.	1609	34	606	13	...	...	Balku, Allad .	M	18	... ...	...	...	...	...	...	18-3-95	
16-3-95	Rama, Budu .	Assur .	Do. .	do.	1609	34	606	13	...	...	Rama, Budu .	M	12	... ...	...	...	...	...	...	...	17-3-95
											Budhu, Ramen	M	7								
											Nani, Ramon	F	4								
											Sukru, Lahora	F	24								
											Borra, Allad .	M	11								
17-3-95	Gondi, Lumba .	Assur .	Ranchi	Yrs. ago	1609	38	606	13	...	...	Gondi, Lumba	F	30	... ...	...	...	...	...	...	...	18-3-95
											Bakat, Badan	M	35								
											Puni, Lachu .	F	30								
18-3-95	Chaudri, Durga .	Santal	Purulia	1892	1609	38	606	13	...	...	Chaudri, Durga	M	40	... ...	...	...	...	...	...	19-3-95	
											Bassi, Chaudri	F	10								

Name of Place : Kalain, Konapara, Magenta Gardens, Kalain P. O., H. Weir, Esq., Managing Partner ; Dr. Arthur Powell, Medical Officer—continued.

	Particulars regarding the Individual attacked with cholera.				Total number of *uninoculated* present on the date of attack.		Total number of *inoculated* present on the date of attack.		Number of people who arrived in the place during the preceding fortnight.		Particulars regarding the *uninoculated* people who lived in the affected house on the date of attack (including the patient, if uninoculated).			Particulars regarding the *inoculated* people who lived in the affected house on the date of attack (including the patient, if inoculated), date of their inoculation and serial number in Inoculation Register.							
Date of attack.	Name and Father's Name.	Caste.	Birth-place.	Date of arrival in the place.	In the whole place.	In the affected group of houses.	In the whole place.	In the affected group of houses.	Uninoculated (on date of attack.)	Inoculated.	Name and Father's Name.	Sex.	Age.	Name and Father's Name.	Sex.	Age.	Serial Number in the Register.	Date of 1st inoculation.	Date of re-inoculation.	Date of recovery of the patient.	Date of death.
18-3-95	Dassa, stepson of Ramnath.	Musalman.	Cachar	1892	1609	38	606	13	...	...	Dassa, stepson of Ramnath.	M	3	... ...	...	...	...	...	...	...	19-3-95
19-3-95	Ramnath, Sedi	Kahar.	Arrah.	Yrs. ago	1609	36	606	13	...	...	Ramnath, Sedi Allalakhi, Ramjan.	M F	25 30	... ...	...	...	...	...	...	20-3-95	
18-3-95	Ratni, Karia	Munda	Cachar	1892	1609	38	606	13	...	...	Ratni, Karia Karia, Larka Dembu, Debra Bura, Karia	F M F M	3 4 25 6	... ...	...	...	...	...	...	21-3-95	
19-3-95	Salua, Ganpat	Munda	Ranchi	Yrs, ago	1609	36	606	13	...	...	Salua, Ganpat	M	21	... ...	...	...	...	...	...	21-3-95	
19-3-95	Chandmoni, Pagla	Do.	Do.	Do.	1609	36	606	13	...	...	Chandmoni, Pagla.	F	50	... ...	...	...	...	...	...	22-3-95	
19-3-95	Sukurmoni, Ganpat	Do.	Cachar	Do.	1609	36	606	13	...	...				Sukurmoni, Ganpat. Mongal, Ganpat. Boodhon, Ganpat. Puni, Ganpat	F F F F	7 13 9 11	504 502 505 503	9-2-95 9-2-95 9-2-95 9-2-95	...	20-3-95	
19-3-95	Alla, Patra	Munda	Ranchi	Yrs. ago	1609	36	606	13	...	...	Alla, Patra	F	25	... ... Karamsingh, Goorai.	... M	... 45	... 243	... 9-2-95	...	21-3-95	
19-3-95	Kali, Ram	Munda	Ranchi	Yrs. ago	1609	36	606	13	...	...	Kali, Ram Raja Ram, Koka.	F M	20 30	... ...	...	...	...	...	...	22-3-95	
28-3-95	Aliya, Bholu	Mahali	Purulia	Yrs. ago	1612	21	606	21	...	...	Aliya, Bhalu Drupodi, Lalu Dukni, Pabon Dulari, Fulari Bhiku, Joychand. Joychand, Lalu Jira, Jibon	F F F F M M F	25 38 14 59 5 34 20	... ... Noyan, Gopi	... M	... 24	... 15	... 9-2-95	...	30-3-95	
28-3-95	Ator Ali, Arjat Ali	Musalman.	Chandrapur.	1894	1612	21	606	21	...	...	Atar Ali, Arjat Ali. Arjat Ali	M M	19 45	... ...	...	...	...	...	30-3-95		

Name of Place: Kalain, Konapara, Magenta Gardens, Kalain P. O., H. Weir, Esq., Managing Partner; Dr. Arthur Powell, Medical Officer—concluded.

Date of attack.	Particulars regarding the individual attacked with cholera.				Total number of *uninoculated* present on the date of attack.		Total number of *inoculated* present on the date of attack.		Number of people who arrived in the place during the preceding fortnight.		Particulars regarding the *uninoculated* people who lived in the affected house on the date of attack (including the patient, if uninoculated).			Particulars regarding the *inoculated* people who lived in the affected house on the date of attack (including the patient, if inoculated), date of their inoculation and serial number in Inoculation Register.						Date of recovery of the patient.	Date of death.
	Name and Father's Name.	Caste.	Birth-place.	Date of arrival in the place.	In the whole place.	In the affected group of houses.	In the whole place.	In the affected group of houses.	Uninoculated (on date of attack).	Inoculated.	Name and Father's Name.	Sex.	Age.	Name and Father's Name.	Sex.	Age.	Serial Number in the Register.	Date of 1st inoculation.	Date of re-inoculation.		
10-4-95	Sundorbochia, Parahu.	Muchohor.	Palama	Yrs. ago	1634	19	606	21	...	...	Sundorbochia, Parahu.	F	25	......	...	...	...	...	...	...	10-4-95
											Janki, Damu .	M	25								
											Bisu, Janki .	F	½								
15-4-95	Nemai, Kaylan .	Dome.	Purulia	One or two days before.	1	1	2	2	...	...	......	..	...	Nemai, Kaylan.	M	30	218	9-2-95	Not done.	...	16-4-95
											......	...	...	Bendu, Kusi	F	26	586	14-4-95			
											Sukurmoni, Nemai.	F	12								
4-5-95	Dulali, Fulari .	Mahali	Purulia	Yrs. ago	1190	17	1062	25	...	...	Dulali, Fulari	F	59	......	...	...	...	...	...	...	4-5-95
											Drupadi, Lalu	F	38								
											Biku, Joychand	M	5								
														Jira, Jibon .	F	20	109	14-4-95	24-4-95		
														Joychand, Lalu.	M	34	225	14-4-95	4-5-95		
														Aliya, Bhalu	F	24	71	14-4-95	24-4-95		
														Noyan, Gopi	M	24	15	9-2-95	24-4-95		
														Dukni, Pabon	F	14	130	14-4-95	24-4-95		
9-5-95	Chandu, Arjan .	Mahali	Purulia	Yrs. ago	1076	93	1166	19	...	...	Chandu, Arjan	F	52	......	...	...	...	...	...	10-5-95	
											Pelu, Nagar	F	4								
											Dugi, Nagar .	F	2								
														Sagori, Lilu .	F	35	67	14-4-95	24-4-95		
														Nagar, Rupon	M	35	45	9-2-95	24-4-95		
														Sam, Rupon .	M	25	165	9-2-95	24-4-95		
														Khudi, Nagar	F	9	240	14-4-95	5-5-95		
9-5-95	Sibu, Lachu .	Maunda	Ranchi	Yrs. ago	1076	2	1166	0	...	...	Sibu, Lachu .	M	50	......	...	...	...	...	...	...	9-5-95
											Nandi, Gopal .	F	35								
12-5-95	Benu, Sadhu . .	Dome	Purulia	Yrs. ago	1080	9	1165	17	...	...	Benu, Sadhu .	M	35	......	...	...	...	...	...	...	13-5-95
											Jossoda, Benu	F	3								
											Mongola .	F	½								
														Upasi, Rajib	F	28	145	14-4-95	24-4-95		

Name of Place: Chargola Garden (Chargola Division, Chargola Tea Association, Ratabari P. O.,) E. Todd Naylor, Esq., Manager; Dr. A. Allen, Medical Officer.

12-4-95	Joghessar, s. o. Padharath. *Symptoms*: Purging, vomiting, suppression of urine, extremities cold, cramps death.	Jemadar	Ballic, Munda.	12-4-95	1008	4	291	1	1	...	Joghessar, s.o. Padarath.	M	30	......	...	...	...	...	...	...	14-4-95
											Soobagia. d. o. Kidarath.	F	30								
											Hurdaw, s. o. Soobog Singh.	M	4								
											Samberay, s.o. Soobog Singh.	M	2								
														Soobog Singh, s. o. Lockon Singh.	M	35	100	28-1-95			

Name of Place: Chargola Garden, Chargola Division, Chargola Tea Association, Ratabari P. O., E. Todd Naylor, Esq., Manager; Dr. A. Allen, Medical Officer—concluded.

Date of attack.	Particulars regarding the individual attacked with cholera.				Total number of *uninoculated* present on the date of attack.		Total number of *inoculated* present on the date of attack.		Number of people who arrived in the place during the preceding fortnight.		Particulars regarding the *uninoculated* people who lived in the affected house on the date of attack (including the patient, if uninoculated).			Particulars regarding the *inoculated* people who lived in the affected house on the date of attack (including the patient, if inoculated), date of their inoculation and serial number in Inoculation Register.						Date of recovery of the patient.	Date of death.
	Name and Father's Name.	Caste.	Birth-place.	Date of arrival in the place.	In the whole place.	In the affected group of houses.	In the whole place.	In the affected group of houses.	Uninoculated (on date of attack).	Inoculated.	Name and Father's Name.	Sex.	Age.	Name and Father's Name.	Sex.	Age.	Serial Number in the Register.	Date of 1st inoculation.	Date of re-inoculation.		
14-4-95	Ragonundan, s. o. Latchman. *Symptoms:* Purging, vomiting, extremities cold, cramps, suppression of urine for four days (till death).	Bhor .	Ghazipur, Bimoo.	Old resident.	1007	6	291	4	...	...	Ragonundan, s. o. Latchman.	M	22	......	...	...	...	...	...	...	18-4-95
											Roopia, d. o. Latchman.	F	14								
											Soropia, d. o. Latchman.	F	12								
											Batchia, d. o. Latchman.	F	8								
														Latchman, s.o. Toora.	M	40	243	28-1-95			
														Jadooa, s. o. Latchman.	M	14	197	28-1-95			
														Lackpathia, d.o. Darosan.	F	40	235	28-1-95			
15-4-95	Anopie, d. o. Hassanu, *Symptoms:* Purging, vomiting, suppression of urine, extremities cold, utter collapse, slow recovery.	Gwalah	Munda, Ballic.	Old resident.	1007	13	291	6	...	...	Anopie, d. o. Hassanu.	F	20	......	...	...	...	...	...	18-4-95	
											Nehura, s. o. Kishun.	M	2								
														Kishun, s. o. Dubri.	M	40	139	28-1-95			
15-4-95	Poet, s. o. Balchand *Symptoms:* Suffered from fever for 2 months beforehand. On 15th purging, vomiting, extremities cold, supression of urine, utter collapse, slow recovery.	Kumhur	Ghazipur, Dehawa.	Old resident.	1007	4	291	1	...	...	Poet, s. o. Balchand.	M	28	......	...	...	...	...	...	18-4-95	
											Mohangee, d.o. Chowha.	F	40								
											Gongan, s. o. Balchand.	M	25								
											Mohadaia, d.o. Balchand.	F	20								
														Balchand, s.o. Banjan.	M	40	264	28-1-95			

Name of Place: Chargola Garden. Additional List from Chargola: Cases of Choleraic Diarrhœa.

14-4-95	Batchu II, s.o. Dooma. *Symptoms:* Purging, vomiting, suppression of urine for 12 hours, no collapse. *Treatment:* Castor oil and laudanum. Out at work in 24 hours.	Ahir .	Ghazipur.	Old resident	1007	...	291	...	...	...	...	...	...	Batchu II. s. o. Dooma.	M	30	28	28-1-95	...	15-4-95	
											Soodasia, d. o. Dooma	F	28								
											Kotoria, d. o. Koria.	F	60								
											Rookmonia, d. o. Batchu.	F	5								
											Chiraia d. o. Batchu.	F	3								
											Dookie, s. o. Batchu.	M	1								

Name of Place: Chargola Garden. Additional List from Chargola: Cases of Choleraic Diarrhœa—contd.

Date of attack.	Particulars regarding the individual attacked with cholera.				Total number of *uninoculated* present on the date of attack.		Total number of *inoculated* present on the date of attack.		Number of people who arrived in the place during the preceding fortnight.		Particulars regarding the *uninoculated* people who lived in the affected house on the date of attack (including the patient, if uninoculated.)			Particulars regarding the *inoculated* people who lived in the affected house on the date of attack (including the patient, if inoculated), date of their inoculation and serial number in Inoculation Register.						Date of recovery of the patient.	Date of death.
	Name and Father's Name.	Caste.	Birth-place.	Date of arrival in the place.	In the whole place.	In the affected group of houses.	In the whole place.	In the affected group of houses.	Uninoculated (on date of attack).	Inoculated.	Name and Father's Name.	Sex.	Age.	Name and Father's Name.	Sex.	Age.	Serial Number in the Register.	Date of 1st inoculation.	Date of re-inoculation.		
16-4-95	Logan, s. o. Ramboron. *Symptoms:* Purging, vomiting, suppression of urine for about 18 hours, no collapse. *Treatment:* Acetate of lead and opium. Out at work in about 48 hours.	Bhor.	Ghazipur.	Old resident	1006	...	291	...	...	...	... Nagim, d. o. Alear.	... F	... 15	Logan, s. o. Ramboron.	M	18	62	28-1-95	...	18-4-95	
17-4-95	I Burtani. *Symptoms:* Purging, vomiting, suppression of urine for about 18 hours, thorough collapse. *Treatment:* Castor oil and laudanum, acetate of lead and opium. Out at work in 7 days.	Ahir.	Ghazipur.	Old resident	1006	...	291	...	...	...	I Bartani. Ramdasia.	F F	40 10	...	...	...	...	...	...	24-4-95	
18-4-95	II Dwarka, s. o. Baboolal. *Symptoms:* Purging, vomiting, suppression of urine for 24 hours, no collapse, funk. *Treatment:* Castor oil and laudanum. Out at work in 48 hours.	Ahir.	Ghazipur.	Old resident	1006	...	291	...	...	...	... Rogonandon. s. o. Baboolal. I Sangoria.	... M F	... 18 20	II Dwarka, s. o. Baboolal.	M	30	29	28-1-95	...	20-4-95	
20-4-95	II Tapasia d. o. Kangal. *Symptoms:* Purging, vomiting, suppression of urine for 24 hours, slight cramps, collapse. *Treatment:* Castor oil and opium, acetate of lead and opium. Out at work in 6 days.	Ahir.	Ghazipur.	Old resident	1005	...	291	...	...	...	II Tapasia, d. o. Kangal. Narsingh. s. o. Rothon. Ramnarain, s.o. Rothon. Dowlathia, d. o. Rothon. Bhagani, d. o. Rothon.	F M M F F	28 10 8 6 3	... Rothon, s. o. Indramani.	... M	... 38	... 135	... 28-1-95	...	26-4-95	
22-4-95	I Foolohari, d. o. Shitta. *Symptoms:* Purging, vomiting, suppression of urine for about 18 hours, collapse. *Treatment:* Castor oil and laudanum, acetate of lead, and eventually castor oil and laudanum. Took about 6 days before she was out at work.	Bhor.	Ghazipur.	Old resident	1005	...	291	...	...	...	I Foolohari, d. o. Shitta. Moongia, d. o. Parsan. Sotram, s. o. Sooambir. Rampatia, d. o. Sooambir. Sookally, d. o. Sooambir. Tatase d. o. Sooambir.	F F M M F F	25 60 6 5 4 2	... ... Sooambir, s. o. Toholoo.	... M	... 35	... 266	... 28-1-95	...	...	

Name of Place : Chargola Garden. Additional List from Chargola : Cases of Choleraic Diarrhœa—concld.

	Particulars regarding the individual attacked with cholera.				Total number of *uninoculated* present on the date of attack.		Total number of *inoculated* present on the date of attack.		Number of people who arrived in the place during the preceding fortnight.		Particulars regarding the *uninoculated* people who lived in the affected house on the date of attack (including the patient, if uninoculated).			Particulars regarding the *inoculated* people who lived in the affected house on the date of attack (including the patient, if inoculated), date of their inoculation and serial number in Inoculation Register.							
Date of attack.	Name and Father's Name.	Caste.	Birth-place.	Date of arrival in the place.	In the whole place.	In the affected group of houses.	In the whole place.	In the affected group of houses.	Uninoculated (on date of attack).	Inoculated.	Name and Father's Name.	Sex.	Age.	Name and Father's Name.	Sex.	Age.	Serial Number in the Register.	Date of 1st inoculation.	Date of re-inoculation.	Date of recovery of the patient.	Date of death.
23-4-95	Wattanie, d. o. Joba. *Symptoms* : Purging, suppression of urine for 12 hours, collapse. *Treatment* : Acetate of lead, opium. Got better in 3 or 4 days.	Bhor .	Arra .	Old resident	1005	...	291	...	...	...	Wottanie, d. o. Joba. Sookally, d. o. Batchoo. Boodoo, s. o. Batchu.	F F M	60 20 10	... ... Ramcharan' s. o. Nankoo.	... M	... 33	... 39	... 28-1-95	...	26-4-95	
17-6-95	IV. Burtanie, d. o. Gunpat. *Symptoms*: Purging, vomiting, suppression of urine for 18 hours, extremities cold, utter collapse. *Treatment* : Castor oil, laudanum. Out in about 4 days.	Chamar	Ghazipur.	Old resident	1,005	...	291	...	...	...	IV Burtanie, d. o. Gunpat. II Parbatti d. o. Bosant.	... F	F 11	30 ... ... II. Dookoram, s. o. Tandoo. I Jakoo, s. o. Dookoram.	 M M	... 30 16	... 78 218	... 28-1-95 28-1-95	...	21-6-95	...

Name of Place : Kalacherra Garden, Chargola Tea Association, Chargola Division, Ratabari P. O., E. Todd Naylor, Esq., Manager ; J. C. Tristram, Esq., Managing Assistant ; Dr. A. Allen, Medical Officer.

21-2-95	Ennessarie, d. o. Joji. *Symptoms* : Pains in abdomen from midnight to 9-30 A.M. ; then vomiting and purging till mid-day, when death occurred.	Gwalah, Ohirini.	Ghazipur.	Old resident.	520	12	212	7	...	...	... ... Mohabir, husband of the patient.	... M	... 18	Ennessarie, d. o. Joji.	F	15	91	30-1-95	...	...	21-2-95
14-4-95	Gopi s. o. Lockman.	Dôm .	Ghazipur.	Old resident.	520	13	211	4	...	...	Gopi, s. o. Lockman.	M	16	... ...	...	...	...	...	...	17-4-95	
16-4-95	Arjun, s. o. Lochi .	Dôm .	Ghazipur.	Old resident.	520	13	211	4	...	...	Arjun s. o. Lochi.	M	30	... ...	...	...	...	...	...	...	19-4-95
28-4-95	Seborath, s. o. Arjun. *Symptoms* : Seborath had been ill some weeks, when, in the low state he was in, he took the disease (cholera was in his line).	Dôm .	Ghazipur .	Old resident.	520	12	211	4	...	...	Seborath, s. o. Arjun. Lackronia, d.o. Bazawan. Gharbaran, s. o. Lockman. Gubardan, s. o. Lockman. Sukoli, d. o. Lockman. Nowbot, s. o. Arjun. Ramsurath, s.o. Arjun. Bhollool, d. o. Arjun.	M F M M F M M F	3 35 11 8 26 18 2 $\frac{1}{12}$	... ... Lockman s. o. Hola.	... M	... 50	... 87	... 30-1 95	...	...	1-5-95

Name of Place : Kalacherra Garden, Chargola Tea Association, Chargola Division, Ratabari P. O., E. Todd Naylor, Esq., Manager ; J. C. Tristram, Esq., Managing Assistant ; Dr. A. Allen, Medical Officer—concluded.

Date of attack.	Particulars regarding the individual attacked with cholera.				Total number of uninoculated present on the date of attack.		Total number of *inoculated* present on the date of attack.		Number of people who arrived in the place during the preceding fortnight.		Particulars regarding the *uninoculated* people who lived in the affected house on date of attack (including the patient, if uninoculated.)			Particulars regarding the *inoculated* people who lived in the affected house on the date of attack (including the patient, if inoculated), date of their inoculation and serial number in Inoculation Register.						Date of recovery of the patient.	Date of death.
	Name and Father's Name.	Caste.	Birth-place.	Date of arrival in the place.	In the whole place.	In the affected group of houses.	In the whole place.	In the affected group of houses.	Uninoculated (on date of attack).	Inoculated.	Name and Father's Name.	Sex.	Age.	Name and Father's Name.	Sex.	Age.	Serial Number in the Register.	Date of 1st inoculation.	Date of re-inoculation.		
16-4-95	Brijmohan, s. o. Abilack.	Chamar	Ghazipur.	Old resident.	520	12	211	5	...	...	Brijmohan, s. o. Abilack.	M	27	... ...	...	...	...	...	...	...	20-4-95

Name of Place: Pallarbund Tea Garden (Banskandi P. O.), W. Mason, Esq., Manager.

Date of attack.	Name and Father's Name.	Caste.	Birth-place.	Date of arrival in the place.	Uninoculated: In the whole place.	Uninoculated: In the affected group of houses.	Inoculated: In the whole place.	Inoculated: In the affected group of houses.	Arrived: Uninoculated.	Arrived: Inoculated.	Uninoculated: Name and Father's Name.	Sex.	Age.	Inoculated: Name and Father's Name.	Sex.	Age.	Serial Number in the Register.	Date of 1st inoculation.	Date of re-inoculation.	Date of recovery of the patient.	Date of death.
18-4-95	Kunjo, s. o. Megho	Dusad.	Monghyr.	1890	1170	70	453	63	...	...	Kunjo, s. o. Megho. Romon, s. o. Gonori. IV. Mongri do.. Akloo. Nunie, d.o. IV. Nongri.	M M F F	10 28 30 1								14-4-95
5-6-95	Brandia, d. o. Akloo. *Symptoms:* Purging, vomiting, suppression of urine, cramps in arms and legs, death same day.	Boghta	Deoghur	Feb. 1894.	1169	69	450	63	...	..	Bandia, d. o. Akloo. Parbotty, d. o. Bulakie. Toolsi, s. o. Janokie.	F F M	28 2 35	... ... Bulakie, s. o. Jankie.	... M	... 28	... 81	... 20-3-95	...	...	5-6-95
5-6-95	II. Bashi, s. o. Choita Singh. *Symptoms:* Had fever for two days before; had afterwards three bad stools, during about 2½ hours, and was visibly pulled down; after this had fever again and recovered; out next day.*	Masoor	Hazaribagh.	Old resident.	1169	99	450	45	...	...	... ... Moolia, d. o. Notol Singh. Sookra, s. o. Choita Singh. Dasooa, s. o. Choita Singh. Gangie, d. o. Doomia.	... M M M F	... 29 13 10 7	II Bashi, s. o. Choita Singh	M	29	66	20-3-95	...	6-6-95	

Name of Garden : Degubber, Kalain P. O., Dr. Arthur Powell, Medical Officer ; H. Chamney, Esq., Manager.

Date of attack.	Name and Father's Name.	Caste.	Birth-place.	Date of arrival in the place.	Uninoculated: In the whole place.	Uninoculated: In the affected group of houses.	Inoculated: In the whole place.	Inoculated: In the affected group of houses.	Arrived: Uninoculated.	Arrived: Inoculated.	Uninoculated: Name and Father's Name.	Sex.	Age.	Inoculated: Name and Father's Name.	Sex.	Age.	Serial Number in the Register.	Date of 1st inoculation.	Date of re-inoculation.	Date of recovery of the patient.	Date of death.
25-5-95	Ramkalia, Bandu.	Dusad .	Gaya .	Years ago.	225	64	391	62	...	...	Ramkalia, Bandu.	F	50	... ... Budua, Jaganath. Nagesswary, Ghamari.	... M F	... 20 20	... 51 230	... 8-2-95 8-2-95	... 22-4-95 22-4-95	28-5-95	
28-5 95	Mangri, Pirtam .	Musohar.	Gaya .	Years ago.	230	64	382	62	...	.	Mangri Pirtam Kartik Aklu . Bandra Aklu . Sukri, Aklu .	F M M F	32 12 9 1	... Aklu, Jagu .	.. M	... 39	... 110	.. 8-2-95	... 22-4-95	...	29-5-95

* It is scarcely possible to recognize cholera in these symptoms.

Name of Place: Adam Tila Tea Estate, Chandkhira P. O., H. A. Brown Constable, Esq., Managing Proprietor.

	Particulars regarding the individual attacked with cholera.				Total number of *uninoculated* present on the date of attack.		Total number of *inoculated* present on the date of attack.		Number of people who arrived in the place during the preceding fortnight.		articulars regarding the *uninoculated* people who lived in the affected house on the date of attack (including the patient, if uninoculated).			Particulars regarding the *inoculated* people who lived in the affected house on the date of attack (including the patient, if inoculated), date of their inoculation and serial number in Inoculation Register.							
Date of attack.	Name and Father's Name.	Caste.	Birth place.	Date of arrival in the place.	In the whole place.	In the affected group of houses.	In the whole place.	In the affected group of houses.	Uninoculated (on date of attack).	Inoculated.	Name and Father's Name.	Sex.	Age.	Name and Father's Name.	Sex.	Age.	Serial Number in the Register.	Date of 1st inoculation.	Date of re-inoculation.	Date of recovery of the patient.	Date of death.
20-3-95	2 Rutny, d. of Soonoo. *Symptoms*: Vomiting, diarrhœa, stoppage of urine, cramps, collapse.	Moora.	C. Nagpur.	1-1-95	647	1	319	1	13	...	Mongra, s. o. Bosai, her husband.	M	26	2 Rutny, d. o. Soonoo.	F	26	42	21-1-95	...	...	21-3-95
7-4-95	2 Sunkolea, d. Akaloo. *Symptoms*: Vomiting, diarrhœa, stoppage of urine, cramps, collapse.	Kona.	Azimghur.	27-12-94	665	6	318	2	21	...	Khedon, s. o. II Sunkolla. Dhubri, s. o. Sunkolla.	M M	6 2	2 Sunkolea, d. o. Akaloo.	F	35	181	21-1-95	...	...	22-4-95

Name of Place: Lungla Tea Estate, W. Marillier, Esq., Manager.

29-5-95	Somarua, Baboolal. *Symptoms*: Diarrhœa, vomiting, spasms and retention of urine.	Koiri.	Lungla	1889	2033	...	421	...	...	...	I. Baboolal Bhuduram. IV. Mukhtooliah, Koileshwar. Somarua, Baboolal.	M F M	45 30 3	...	...	...	...	...	...	...	31-5-95
23-6-95	Kooloda, Hari. *Symptoms*: All symptoms of cholera well developed, died in less than 24 hours.	Banyah	Birbhum	1894	2045	...	421	...	7	...	Bhoguboti, Jaganath. Koloda, Hari.	F M	45 50	...	...	...	...	...	...	...	24-6-95
17-7-95	Jogiah. *Symptoms*: Vomiting, spasms, retention of urine, collapse, diarrhœa.	Chamar	Benares	1883	2072	...	421	...	...	...	Jogiah. Behari, Debnandan. Sonia, Debnandan.	F M F	45 10 7	...	...	...	...	...	...	...	19-7-95

III.

SUMMARY.

Of the observations recorded above, those in Calcutta, Gaya, Lucknow and on the Kalain Tea Gardens may be selected as the most complete for forming an idea of the effect of these inoculations.

I believe the observations in the Gaya Jail to be of special importance, for the reasons already stated and because the figures giving the smallest results as derived from the inoculation present the surest basis for calculations. The method applied during an existing epidemic showed its effect in a gradual diminution of occurrences in the first 10 days of its application—a diminution which finally brought about a difference from 20 cases with 10 deaths among the uninoculated to 8 cases with 5 deaths among the inoculated, which is a reduction of 2½ and 2 times respectively.

On the Kalain Gardens cholera occurred a short time after the inoculation with the *1st vaccine* had been applied, but at an interval sufficient for the vaccine to produce its full effect. The result was the reduction of cases and deaths in the proportion of 1 to 4, the number of occurrences being four times less in the inoculated compared to the not inoculated.

The most prolonged observations have been made by the Health Department of the Municipality of Calcutta, which has since August 1894 possessed a special laboratory for carrying out the inoculations in the affected quarters of the town. These observations refer to people inoculated, some with the 1st, and some with both, vaccines, from 1 to 459 days before cholera occurred in their homes. Excluding the occurrences during the first 10 days after inoculation, the results show a diminution of cases and of deaths in the proportion of 1 to 19 and of 1 to 17 respectively, the number of occurrences being 19 and 17 times less in the inoculated compared with the not inoculated.

The observations in Lucknow, in the East Lancashire Regiment, although slightly favourable to the inoculated, reveal the possibility of time wearing out the effect of these inoculations.

Taking as a standard the results of inoculation in the Gaya Jail, where the measure was applied *a week* after the epidemic started, and where only ½ the number of deaths and $\frac{3}{5}$ of the number of cases were spared to the inoculated, it appears that the same measure applied to the East Lancashire Regiment at the commencement of the epidemic, with a similar result as in Gaya, would have reduced the number of cases among the 640 uninoculated from 120 to 48, and the number of deaths from 79 to 39, sparing to the uninoculated part of the regiment 78 attacks with 40 deaths—a result which would have been precious, independent of the question as to the duration of the effect of the inoculation.

The power of producing a long-lasting effect would evidently increase the value of this inoculation far beyond the limits traced in the above lines. It is possible that such an effect can be obtained by a simple increase in the strength of the vaccines and in the doses administered; or perhaps by some other modification in the method now practised, which is to be tried by application in practice. This question can be solved only by long years of observations.

IV.

CONCLUSIONS.

Cholera being a disease having its origin in the East, the efforts which have for their object its stamping out or mitigation, or the prevention of its spread, are necessarily directed to those localities in which the disease has a permanent abode, and from which it starts periodically in epidemic form to invade other countries. It was with this object that the researches on cholera, with special reference to inoculation, were undertaken and carried on in my laboratory, in the Pasteur Institute in Paris, between 1889 and 1893. The experiments resulted in the elaboration of the present method, which, when tried on animals, was found to render them resistant against every form of cholera poisoning otherwise fatal to them.

The physiological and pathological effect on *man* was then studied on some 60 persons, mostly medical and scientific men interested in the solution of the problem. The effect was found to be harmless to health.

The next step was to transfer the operations to the East, where their efficacy could be first of all tested in cholera-affected localities and, if ascertained to be favourable, put into practice. The territory of Siam was selected as the first where the inoculations were to be started. It was on the advice of Lord Dufferin, the British Ambassador in Paris, and after a consultation with the scientific authorities in England and the Secretary of State for India, that it was determined to choose Bengal as the first and the most important of the countries affected by cholera where the preventive treatment ought to be applied.

The introduction of this new practice among the Asiatic populations was attended with exceptional difficulties. The first problem which had to be solved was to familiarise the people with the system and everything relating to it. The inhabitants of the northern part of India were the first to come forward to submit themselves to the inoculation, while all attempts to apply them in Lower Bengal were in the beginning frustrated.

In the course of the first year 22,703 people were inoculated in the North-West Provinces and Oudh and in the Punjab. This included all classes of the population, Civil and Military, European, Hindoo, Mahomedan, Sikh, and among these were peasants and princes, noblemen and workmen.

Only in the 2nd year it became possible to direct the operations to those parts of the country where cholera always prevails, and where the method could be subjected to the required test. From March 1894 to July 1895, 19,473 individuals were inoculated in some of the most affected localities of India. The results obtained during this period, summarized on the preceding pages, seem to indicate that in the inoculations we possess a means of effectively combating cholera epidemics.

I am of the opinion that this experimental stage is not yet in that advanced condition to be completely closed. During my sojourn in India my only object has been to test the method on every occasion whenever I could obtain the possibility of applying it, and I think that great attention should be still directed to this object. At the same time the observations already collected justify steps being taken to give the inoculations a more extended application, and to bring them within the range of ordinary practice, which is the last stage of a method intended to be a prophylactic against a preventible disease.

The measures which have already been taken by Government to facilitate the spread of the inoculations, and the gradual development of these measures, as the inoculations proceeded, are to be seen from the letters and circulars appended to this report.

Owing to the action of the Government of India, a certain number of officers in the Government service have been deputed to learn the *technique* connected with these inoculations.

In the Agra Laboratory under the Government of the North-West Provinces there is a trained staff acquainted with the preparation of these vaccines, and able to prepare and keep in readiness materials required for the inoculation.

In Calcutta, under the Municipal authorities, there exists an agency for carrying out the inoculations and a special laboratory for the preparation of the vaccines.

I believe that in this there exists a nucleus of an organization which, if developed, can carry out effectively the system of inoculations in this country. Sufficiently enlarged, it certainly could, as a commencement, perform important work on the occasion of epidemics, and lead to the permanent introduction of the system in the affected provinces of India.

This could be accomplished by the Medical Officers instructed in the *technique* of the inoculations being warned at the seasons when epidemics may be expected to be in readiness to visit the affected places and to carry on this work. For the preparation of vaccines, some of the staff in each of the laboratories under Government might be invited to learn the *technique* in the laboratories in which it is now being carried out,* and to prepare and keep in readiness the materials required for the inoculation to supply them to the specially deputed Medical Officers when applied for.

Now that a considerable number of people have been inoculated in different parts of India, and the system has become known, to a certain extent, it lies with the Government to consider whether special measures should be introduced to facilitate the work of the Medical Officers. In my experience I found that the voluntary character of the inoculations was a great element in their favour in the eyes of the population. At the same time certain action on the part of Government, showing that the system meets with their approval, is an authoritative recommendation which facilitates the work to a great extent.

I would think it most important that Government should recommend the inoculations to the large bodies of men under their charge, who, in the course of their duties, are subject to cholera epidemics, such as the troops, prisoners, coolies employed on railways, on public and military works, coolies passing through emigration depôts, etc. By a circular from Government attracting the attention of Municipalities, such as Dacca and Poori, where cholera is particularly prevalent, to the results obtained from the inoculations, an impulse could be given to local initiative and an encouragement to try the method within their jurisdiction. A similar circular to large employers of labour, such as the directors of tea companies, coal mines, private railway lines, etc., drawing their attention to the inoculations would help in diffusing knowledge on the subject and aid in the progress of this work.

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* Municipal Laboratory, Calcutta.
Laboratory of the Chemical Examiner and Bacteriologist, Agra.

Owing to ill-health I am now on the eve of leaving India, but am fully aware that the question of anti-cholera inoculation as originally conceived has not yet been solved. The complicated problem of introducing the inoculations, in proportion to their protective power, as an adopted prophylactic among the populations of the East, remains practically untouched. On regaining my health it is my intention to contribute to this object by every means in my power. With the approval of the Government of India, I would like to re-visit this country, and with the assistance of the agency sketched above, or such as the Government would judge fit to appoint, to give the inoculations a development corresponding to their actual value.

It remains for me to express to the Government of India my sense of obligation for the assistance they have always given me during my work in this country.

The experimental base and the *technique* of this method may be learned from the following publications :—

"Sur le choléra asiatique chez le cobaye."
"Sur le choléra asiatique chez le lapin et chez le pigeon."
"Inoculation de vaccins anti-cholériques à l'homme."
} Par Mons. W. M. Haffkine Comptes rendus des Séances de la Sociéte de Biologie, Paris Juillet, 1892.

Prof. Max. Gruber on Haffkine's Method of Strengthening the Cholera Virus.—*Wiener Medizinische Wochenschrift*, 1892.

Dr. Iavein on Haffkine's Anti-Cholera Vaccines.—*Annales de l'Institut Pasteur*, Paris, 1892.

Dr. Tamamcheff on Haffkine's Carbolised Anti-Cholera Vaccines.—*Ibid.*

E. H. Hankin, M.A., on Haffkine's Method of Vaccination against cholera.—*British Medical Journal*, 1892.

"On Haffkine's Method of Vaccination against Asiatic-Cholera," by A. E. Wright, M.D., Professor of Pathology, and Surgeon-Captain D. Bruce, M.B., Assistant Professor of Pathology (from the Pathological Laboratory, Army Medical School, Netley).—*British Medical Jourual*, February 4th, 1893.

"A lecture on Anti-Cholera Inoculation," by W. M. Haffkine.—*British Medical Journal*, February 11th, 1893. "Injections against Cholera," a lecture by M. Haffkine.—*The Lancet*, February 11th, 1893.

"Vaccination against Asiatic-Cholera," by Mons. W. M. Haffkine, lecture delivered in the Calcutta Medical College on the 24th March 1893.—*Indian Medical Gazette*, April 1893.

"Report of a case of Inoculation with Carbolized Anti-Choleraic Vaccine (Haffkine)." By Surgeon-Captain C. C. Manifold, M.B., I.M.S.—*Ibid.*

"Technique of Haffkine's Anti-Choleraic Inoculation," by W. M. Haffkine, E. H. Hankin, Chemical Examiner to the Government of the North-West Provinces and Oudh and to the Central Provinces, and Surgeon-Major Ch. A. Owen, I.M.S., Medical Adviser to His Highness the Maharajah of Patiala.—*Indian Medical Gazette*, June 1894.

"The Introduction of Anti-Choleraic Vaccination into Calcutta," by W. J. Simpson, M.D., Health Officer.—*Ibid.*

"Cholera and Preventive Inoculation in Gaya Jail," by Surgeon-Major R. Macrae, M.B., I.M.S., Superintendent and Civil Surgeon of Gaya District.—*Indian Medical Gazette*, September 1894.

"Additional Observations on Anti-Choleraic Inoculations in India," by W. J. Simpson, M.D., Health Officer.—*Indian Medical Gazette*, November 1894.

"A Contribution to the Etiology of Cholera," by Mons. W. M. Haffkine and W. J. Simpson, M.D., M.R.C.P., D.P.H. : "Transactions of the First Indian Medical Congress," pp. 28—31, Calcutta, 1895.—*Indian Medical Gazette*, March 1895.

"Anti-Choleraic Inoculations in India," by Mons. W. M. Haffkine. Communication to the First Indian Medical Congress made on 28th December 1894, and Discussion on Cholera: "Transactions of the First Indian Medical Congress," pp. 31—38, Calcutta, 1895.—*Indian Medical Gazette*, January and February 1895.

"Result of Mons. Haffkine's Anti-Cholera Inoculations in Cachar," by A. Powell, B.A., M.C.H.—*Indian Medical Gazette*, July 1895.

"Anti-Choleraic Inoculation Bulletin," from the Pallorbund Tea Garden, by W. Mason, Manager of the Garden.—*Ibid.*

"Anti-Cholera Inoculations," with Returns of Cholera cases in the Kalacherra and Chargola Tea Gardens, by Dr. A. Allen.—*Indian Medical Gazette*, August 1895.

"Bulletins from Calcutta Municipal Laboratory: Anti-Choleraic Inoculations in Calcutta," from 24th of May 1894 to 24th of July 1895, by W. J. Simpson, M.D., Health Officer.—*Indian Medical Gazette*, June 1894 to August 1895.

APPENDICES.

No. 4 Medical 169—178, dated Calcutta, the 29th March 1893.

From—H. Luson, Esq., Offg. Under-Secy. to the Govt. of India, Home Department,
To—All Local Governments and Administrations.

Sir,—I am directed to forward copy of a Despatch from the Secretary of State No. 13 Revenue, dated the 2nd February 1893, with enclosure, and to request that (with the permission of $\frac{\text{His Excellency the Governor in Council}}{\text{His Honour the Lieut.-Govr. (\& Chf. Commer.)}}$) Dr. Waldemar Haffkine may be given every facility for visiting districts and towns where cholera may be prevalent, for seeing hospitals where cholera patients may be under treatment, and for inquiring into the causes and circumstances of cholera epidemics. I am to add that if he wishes to try his prophylactic against cholera by vaccination, he should be permitted to do so, only after the proposed remedy has been fully explained to the person to be operated upon or to his friends, and after the patient's consent or that of his friends has been obtained.

No. 4 Medical 179.

Copy, with copy of the Despatch from Her Majesty's Secretary of State No. 13, Revenue, dated the 2nd February 1893, forwarded to the Military Department for information and such further action as may be considered necessary.

No. 180.

Copy forwarded to Dr. Waldemar Haffkine for information.

By order,
H. LUSON,
Offg. Under-Secy. to the Govt. of India.

No. 13 (Revenue), dated India Office, London, the 2nd February 1893.
From—Her Majesty's Secretary of State for India,
To—His Excellency the Most Honourable the Governor-General of India in Council.

My Lord Marquis,—I forward, for the information of your Excellency's Government, copy of a letter from the Foreign Office enclosing a request from the Russian Ambassador on the subject of Dr. Waldemar Haffkine's scientific mission to India.

Foreign office letter dated 26th January, with enclosure.

2. I shall be glad if your Government will give Dr. Haffkine every facility for visiting districts, towns and military stations where cholera may be prevalent; for seeing hospitals where cholera patients may be under treatment; and for inquiring into the causes and circumstances of cholera epidemics.

Dated Foreign Office, the 26th January 1893.

From—Sir T. H. Sanderson, Under-Secy. of State for Foreign Affairs,
To—The Under-Secretary of State for India.

Sir,—I am directed by the Earl of Rosebery to enclose a copy of a note from the Russian Ambassador relative to a scientific mission to India, which is to be undertaken immediately by Dr. Waldemar Haffkine, for the purpose of studying the cholera.

His Excellency requests that, in addition to the letters to the Viceroy with which Dr. Haffkine has been furnished, he should be given special authority from the Secretary of State for India to enable him to visit freely all the districts where garrisons are stationed and ensure for him a good reception by the officers in command, in order that the sphere of his inquiries may be extended as much as possible.

I am to request that you will move the Secretary of State for India to cause His Lordship to be informed at his early convenience of the reply which should be given to the Russian Ambassador.

Londres, le 26 Janvier 1893.

M. LE COMTE,—M. le Dr. Waldemar Haffkine, sujet russe, universellement connu pour des travaux et découvertes bactériologiques, est sur le point de se rendre aux Indes Anglaises poury étudier l'épidémie cholérique. Ilest déjá muni de lettres d'introduction de Lord Kimberley et de Lord Dufferin pour le Viceroi des Indes, ainsi que de recommandations spéciales de l'autorié médicale supérieure de Londres pour les confrères Asiatiques. Mais il a été prévenu qu'il serait urgent qu'il fût, en outre, pourvu d'une autorisation spéciale du Ministre de la guerre Britannique qui lui assurat le libre accés des contrées plus particulièrement occupées par les garrisons militaires et un accueil bienveillant de la part des commandants locaux dont la protection lui permettrait d'etudier le fleau au milieu de ces centres les plus contaminés.

Je me permets en conséquence de solliciter auprès de Votre Excellence en faveur de M. Haffkine la recommandation susdite qui lui permettrait d'étendre la sphére de ses explorations scientifiques entreprises dans un but si éminemment humanitaire.

J'ai, etc.,

(Sd.) BARON DE STAAL.

M. LE COMTE DE ROSEBERY, K.G.

Dated Simla, the 25th April 1893.

No. 1345.

From—The Principal Medical Officer, Her Majesty's Forces in India,
To—All District Principal Medical Officers, Bengal Command.

MEMORANDUM.

The following letters relating to a method of vaccination as a preventive against, cholera are published for information. Attention is invited to a lecture by Mr. Haffkine and an article by Surgeon-Captain Bruce, Army Medical Staff, published in the *British Medical Journal* of 11th February 1893, page 278, and 4th February, page 227, respectively ; also to a lecture by Mr. Haffkine, published in the *Indian Medical Gazette* for April 1893, and a communication by Surgeon-Captain Manifold, Indian Medical Service, in same number.

By order,
R. EXHAM, *Surgn., Lieut.-Col.,*
Secy. to the Principal Medical Officer,
Her Majesty's Forces in India.

Copy of a letter, dated 9th February 1893, from the Director-General, Army Medical Department, London, to the Principal Medical Officer, Her Majesty's Forces in India.

Mr. Waldemar Mordecai Haffkine.

In acquainting you that the gentleman named in the margin, who has been studying the Pasteur system in Paris, has been granted permission by the Secretary of State for India to visit all the cholera camps in that country with the view of introducing to the Military Medical Officers the method of vaccination as a preventive against cholera, I have the honour to request that you will be so good as to cause every facility to be afforded to Mr. Haffkine for the purposes he has in view.

Copy of a letter, dated 22nd March 1893, from Mr. W. M. Haffkine, to the Principal Medical Officer, Her Majesty's Forces in India.

[*Translation.*]

Vaccination for cholera as a means of protection against that disease has been established by experiments performed on guinea-pigs, and subsequently applied to animals of different organization. It is found that all these animals, preserved by means of our vaccine, subsequently support with impunity every description of fatal infection which in the case of non-vaccinated animals produces death. Consequently on these results, the operation has been performed on human beings, commencing with the personal staff of our laboratory, and afterwards put to the test on about sixty persons varying in age from 19 to 68 years.

The symptoms produced by this operation in no way entail danger to health, and consist in a rise of temperature of from one to two degrees centigrade after about ten or fifteen hours. This rise of temperature disappears, effacing itself gradually, from fifteen to twenty hours afterwards. At the point where inoculation has been effected, a slight hardening of the skin remains, which disappears in from two to four days without causing the formation of a blister or any other mortification of the tissue. These symptoms have been found to be exactly identical with those produced among animals.

The period of immunity conferred by this vaccine cannot yet be determined. Up to date it has been found, among the animals operated upon, intact four and a half months after the operation. The object of my present mission in India is to realise the application of this method in the choleraic districts. Consequent on a decision arrived at by His Excellency the Secretary of State for India, the Director-General, Medical Department of the Army, has authorised me, as noticed in the document I have the honour to forward you, to visit the various military centres situated in the choleraic districts, and there to put into practice, with the assistance of the military surgeons, the system of vaccination for cholera. I have the honour, therefore, to request that the office of the Principal Medical Officer for the Forces in India would be good enough to communicate this decision to the surgeons of the army in India, and to beg them to be so kind as to inform me in the event of there being among the troops confided to their care any person or persons willing to submit themselves for the vaccination in question. In the latter event, I would proceed to the places indicated ; I would teach the surgeons how to prepare the vaccine, and I would instruct them in the method of vaccinating those persons who might be willing to be operated upon in the future.

[*Translated in the Intelligence Branch of the Quartermaster-General in India.*]

No. 9, Medical 424—433, dated Simla the 24th July 1893.

From—C. J. Lyall Esq., C.S.I., C.I.E., Secretary to the Government of India, Home Department,

To—The Chief Secretary to the Government of Madras.
The Chief Secretary to the Government of Bombay.
The Secretary to the Government of Bengal. Municipal Dept.
The Chief Secretary to the Government of the N.-W. Provinces and Oudh.
The Chief Secretary to the Government of the Punjab.
The Chief Commissioners of the Central Provinces, of Burma, of Assam, of Coorg, and the Resident at Hyderabad.

SIR,—I am directed to invite attention to the Circular letter from this Department No. $\frac{4\ \text{Medical}}{169\text{—}78}$ dated the 28th March 1893, in which it was requested that, with the permission of $\frac{\text{His Excellency the Governor in Council}}{\text{His Honour the Lieut.-Govr. (and Chief Commr.)}}$. Dr. Waldemar Haffkine might be afforded facilities in conducting his inquiries and work in connection with cholera epidemics.

2. The Surgeon-General with the Government of India has suggested that Local Governments and Administrations should be asked whether they could arrange to depute the Deputy Sanitary Commissioners of their respective Provinces (where such appointments exist) to learn from Dr. Haffkine the processes required for the preparation of the cholera virus and its subsequent inoculation. These officers, it is presumed, could be spared for a short time during the present season of the year without much inconvenience. It has also been suggested that a few selected Civil Surgeons in each Province might be deputed to assist Dr. Haffkine while he is in their own or in adjacent districts, and to learn his system, so as to be able to carry on the inoculation independently after his departure.

3. These suggestions commend themselves to the Government of India. It appears to have been practically established that Dr. Haffkine's system of inoculation is free from danger, but its efficacy as a prophylactic against cholera cannot be ascertained without enlarging the field of experiment in the manner proposed. I am accordingly to say that, if $\frac{\frac{\text{His Excellency the Governor in Council}}{\text{(His Honour the Lieut. Governor (and Chief Commr.)}}}{\text{you have}}$ has no objection, the Governor-General in Council would be glad if effect were given to the suggestions communicated in para. 2.

No. $\frac{\text{o Medical}}{434}$.

Copy forwarded to $\frac{\text{Dr. Haffkine}}{\text{the Military Department}}$ for information, in continuation of $\frac{\text{letter}}{\text{endorsement}}$ No. $\frac{387}{390}$, dated 11th July 1893.

No. .

From—P. G. Melitus, Esq., Deputy Secretary to the Government of India,
To—Dr. W. Haffkine.

Copy forwarded to the Foreign Department, in continuation of endorsement No. 197, dated 28th March, for information and such further action as may be considered necessary.

(Copy.)

No. 564C, dated Naini Tal, the 16th September 1893.

From—G. Hutcheson, m.d., Sanitary Commissioner, N.-W. P. and Oudh,
To—The Deputy Commissioner, Garhwal.

I have the honour to state that Prof. Haffkine will, under the auspices of Government, undertake a tour in Garhwal for the purpose of performing anti-cholera inoculations among the people. It is intended that he should inoculate the population of several, two or three or more important villages *en route* Ranikhet to Pauri, Srinagar, and Hardwar.

I shall be obliged if you will kindly indicate the exact route, naming bungalows and stages on the road, and endeavour to persuade the people to submit to the operation.

The names of important villages adjacent to the bungalows where a halt should be made to perform operations on as an extended scale as practicable should be indicated. Assistance also should be rendered by placing a responsible and influential Deputy Collector on duty to accompany Prof. Haffkine.

Prof. Haffkine, with whom will be associated Dr. Thorold, Deputy Sanitary Commissioner, will in all likelihood leave Ranikhet on the 30th instant, and proceed *viâ* Dwarahat, Kelani, and Kainur to Pauri, but the exact route and distances might be named by you.

You will doubtless have already heard from the Commissioner of the Division on the subject, and will, I am sure, render all assistance to make Prof. Haffkine's tour a success.

(Copy).

No. 563, dated Naini Tal, the 16th September 1893.

From—G. Hutcheson, m.d., Sanitary Commissioner, N.-W. P. and Oudh,
To—The Deputy Commissioner, Almora.

I have the honour to inform you that Prof. Haffkine, accompanied by Dr. Thorold, Deputy Sanitary Commissioner, will reach Almora on the 21st, and under the auspices of Government, on the afternoon of that date, commence anti-cholera inoculations. He will also operate on the following date, the 22nd. On the 24th and 25th he will be at Ranikhet for the same purpose, and return to Almora to carry out the secondary operations on the 27th.

I shall be obliged if you will kindly announce to the people, Native and European, the circumstance of his visit and do all you can to induce the people to present themselves for inoculation at Almora and Ranikhet.

You will doubtless have already received a communication from the Commissioner on the subject; and it is intended by the Government that all possible assistance should be given to Prof. Haffkine.

No. 857P—D., dated Darjeeling, the 22nd September 1894.

From—H. J. S. Cotton, Esq., c.s.i., Chief Secretary to the Government of Bengal,

Jails.

To—The Inspector-General of Jails.

Sir,—I am directed to acknowledge the receipt of your letter, dated 4th September 1894, together with its enclosures from Dr. Macrae, Civil Surgeon of Gaya, reporting on the out-break of cholera in the Gaya jail.

2. The outbreak was serious, as there were altogether 34 cases, out of which 20 died, all apparently caught from an under-trial prisoner who came into jail with the germs of the disease already developed in him. The Lieutenant-Governor is satisfied that Dr. Macrae, who was in charge of the jail, took all necessary measures to palliate the force of the epidemic.

3. The most interesting point connected with the outbreak is the result of Dr. Haffkine's operations which were conducted under the circumstances explained in your

letter. Professor Haffkine, assisted by Surgeon-Colonel Harvey, the Inspector-General of Civil Hospitals, who was on a visit of inspection to Gaya at the time, and by Doctor Macrae, inoculated 215 out of 433 prisoners, or nearly exactly half of the jail population. The result of the experiment is as follows :—

	Inoculated.		Uninoculated.	
	Cases.	Death.	Cases.	Death.
During the first five days after inoculation	5	4	7	5
During three days after the second inoculation	3	1	5	3
After eight days from first inoculation	*Nil*	*Nil*	8	2
Total	8	5	20	10

These results appear to the Lieutenant-Governor to justify the confidence expressed by yourself and the other medical officers concerned in the reality of the protection, which is only claimed by Professor Haffkine himself when an interval of ten days has elapsed after the first inoculation.

4. You now propose that voluntary inoculation in jails on Professor Haffkine's system should be encouraged as far as possible. You observe that the voluntary character of the operation should be emphatically insisted on, and that the Superintendent of the jail should be made responsible for recording in every individual case that the inoculation had been made voluntarily and in accordance with the expressed desire of each prisoner to be afforded the opportunity of protection from cholera. If precautions of this nature are taken, there would seem to be no objection to inoculation on the ground of interference with the prejudices of the people or of subjecting persons who are not free agents to scientific experiment, and it would appear possible, without exercising any compulsion, to protect the inmates of jails to a large extent from the ravages of cholera. Looking, however, to the necessity of proceeding with great caution in such matters, and to the orders which have already been passed both by this Government and the Government of India, discouraging jail experiments with Dr. Haffkine's antidote against cholera, the Lieutenant-Governor does not consider that any general measures should be taken at present for trying the experiment in Bengal jails. But the circumstances are different in cases where outbreaks of cholera have actually occurred, as was the case in Gaya ; the Government is under an obligation to resort to any remedy which seems as hopeful as this one does to prevent the course of the disease ; and in such cases, therefore, the Lieutenant-Governor authorizes you to sanction the introduction of inoculation on Professor Haffkine's system by the medical officers in charge of jails, with all the safe-guards contemplated in your letter to ensure voluntary treatment. These orders appear to go as far as is desirable at present, and I am to request that you will take the necessary steps for carrying them out.

5. Printed spare copies of the valuable reports received regarding the incidence of the Gaya epidemic are enclosed herewith for use in your office.

I have the honour to be,
Sir,
Your most obedient Servant,
H. J. S. COTTON,
Chief Secy. to the Govt. of Bengal.

No. 858P—D.

Copy of the correspondence forwarded to the Inspector-General of Civil Hospitals, Bengal, for information.

By order of the Lieutenant-Governor of Bengal,
J. LANG,
Offg. Under-Secy. to the Govt. of Bengal.

Darjeeling;
The 22nd September 1894.

ANNUAL RETURNS

OF THE

EUROPEAN ARMY OF INDIA

AND OF THE

NATIVE ARMY AND JAIL POPULATION

FOR THE YEAR

1894.

COMPILED AND SYSTEMATICALLY ARRANGED FROM THE ORIGINAL DOCUMENTS

BY

DAVID WILKIE, M.B., SURGEON-LIEUTENANT-COLONEL,

STATISTICAL OFFICER TO THE GOVERNMENT OF INDIA IN THE SANITARY AND MEDICAL DEPARTMENTS

CONTENTS.

	Table	Page
Grouping of Diseases in the Main Tables for 1894	G	1

I.—EUROPEAN TROOPS.

1.—Corps.

	Table	Page
Sickness and Mortality among the European Troops of the Army of India during the Year 1894, and the prevalence of the principal diseases in each month of the year	I	5
Sickness and Mortality among the troops of the Bengal Army	II	6
Sickness and Mortality among the troops of the Madras Army	III	7
Sickness and Mortality among the troops of the Bombay Army	IV	8
Comparative Statement of the Ratios of Sickness and Mortality in the Armies of the three presidencies	V	9

2.—Groups.

	Table	Page
Sickness and Mortality among the troops serving in the Burma Coast and Bay Islands group of stations	VI	10
Sickness and Mortality among the troops serving in the Burma Inland group of stations	VII	11
Sickness and Mortality among the troops serving in the Bengal and Orissa group of stations	VIII	12
Sickness and Mortality among the troops serving in the Gangetic Plain and Chutia Nagpur group of stations	IX	13
Sickness and Mortality among the troops serving in the Upper Sub-Himalayan group of stations	X	14
Sickness and Mortality among the troops serving in the Indus Valley and North-Western Rajputana group of stations	XI	15
Sickness and Mortality among the troops serving in the South-Eastern Rajputana, Central India and Gujarat group of stations	XII	16
Sickness and Mortality among the troops serving in the Deccan group of stations	XIII	17
Sickness and Mortality among the troops serving in the Western Coast group of stations	XIV	18
Sickness and Mortality among the troops serving in the Southern India group of stations	XV	19
Sickness and Mortality among the troops serving in the Hill Stations of India	XVI	20
Sickness and Mortality among the troops serving in the Hill Convalescent Depôts of India	XVII	21
Comparative Statement of the ratios of Sickness and Mortality among the troops serving in the various groups of stations in India	XVIII	22

3.—Stations.

	Table	Page
General Statistics of sickness and the ratio of Constantly sick in each Month in the military Stations of the three presidencies	XIX	23
General Statistics of sickness and the ratio in which the principal diseases have contributed to make up the Admission-rate of the year in the military Stations of the three presidencies	XX	25
General Statistics of Mortality and the ratio in which the principal diseases have contributed to make up the Death-rate of the year in the military Stations of the three presidencies	XXI	28
Mortality in each Station, the causes of death, and the ratio of deaths to strength	XXII	31

4.—Diseases.

	Table	Page
Prevalence of Influenza in each Month, and the distribution of the disease by Stations and Armies	XXIII	35
Prevalence of Cholera in each Month, and the distribution of the disease by Stations and Armies	XXIV	36
Prevalence of Enteric Fever in each Month, and the distribution of the disease by Stations and Groups	XXV	37
Prevalence of Malarial Fevers in each Month, and their distribution by Stations and Groups	XXVI	39
Prevalence of Rheumatic Fever in each Month, and the distribution of the disease by Stations and Armies	XXVII	41
Prevalence of Venereal Diseases in the military Stations of the three presidencies	XXVIII & XXVIII*a*	42—45

5.—Corps.

	Table	Page
Detal of the Causes of Death in the armies of the three presidencies and their ratios	XXIX & XXIX*a*	46 & 47
Detail of the Causes of Invaliding in the armies of the three presidencies	XXX	48

TABLE PAGE

6.—CORPS.

Ratios for Table XXX . . . . XXXa 50
New Arrivals and Departures from 1867-68 to 1894-95 . . . . XXXI 51

7.—STATIONS.

Admissions, Deaths, and Invaliding of each Station occupied by troops composing the Army of India . . . . XXXII 52

8.—DISEASES.

Detail of the Causes of Admission and Death . . . . XXXIII 68

II.—WOMEN AND CHILDREN OF EUROPEAN REGIMENTS.

1.—CORPS.

Sickness and Mortality among the Women of the regiments of the Army of India, and the prevalence of the principal diseases in each Month . . . . . . I 76
Sickness and Mortality among the Children of the regiments of the Army of India, and the prevalence of the principal diseases in each Month . . . . . . II 77
Sickness and Mortality among the Women of the Army of Bengal . . . . . III 78
Sickness and Mortality among the Children of the Army of Bengal . . . . . IV 79
Sickness and Mortality among the Women of the Army of Madras . . . . . V 80
Sickness and Mortality among the Children of the Army of Madras . . . . . VI 81
Sickness and Mortality among the Women of the Army of Bombay . . . . . VII 82
Sickness and Mortality among the Children of the Army of Bombay . . . . . VIII 83

2.—STATIONS.

Distribution by Stations of the Deaths of the Women of the Army of India . . IX 84
Distribution by Stations of the Deaths of the Children of the Army of India . . X 86

3.—CHOLERA.

Distribution by Stations of the Cholera of the Women of the Army of India . . XI 88
Distribution by Stations of the Cholera of the Children of the Army of India . . XII 89

4.—DEATHS.

Detail of the Admissions and Deaths of the Women of the Army of India . . XIII 90
Detail of the Admissions and Deaths of the Children of the Army of India . . XIV 92

III.—NATIVE ARMY OF INDIA.

1.—CORPS.

Sickness and Mortality of the Native Army of India, and the prevalence of the principal diseases in each Month of the year (excluding certain statistics for which weekly returns have not been received) . . . . I 97
Parallel Table for the Army of Bengal (excluding statistics of certain regiments for which weekly returns have not been received) . . . . II 98
Parallel Table for the Central India and Rajputana Corps . . . . . . III 99
Parallel Table for the Army of Madras (excluding certain statistics for which returns have not been received) . . . . IV 100
Parallel Table for the Army of Bombay (excluding certain statistics for which returns have not yet been received) . . . . V 101
Parallel Table for the Hyderabad Contingent . . . . VI 102
Comparative Statement showing the Ratios of Sickness and Mortality in the various Corps of the Army of India . . . . VII 103

2.—GROUPS.

Sickness and Mortality of the Native Troops serving in the Burma Coast and Bay Islands group of stations during the Year, and the prevalence of the principal Diseases in each Month . . . . VIII 104
Parallel Tables—Native Troops serving in the Burma Inland group of stations . IX 105
Native Troops serving in the Assam group of stations . . X 106
Native Troops serving in the Bengal and Orissa group of stations XI 107
Native Troops serving in the Gangetic Plain and Chutia Nagpur group of stations . . . . XII 108
Native Troops serving in the Upper Sub-Himalayan group of stations XIII 109
Native Troops serving in the Indus Valley and North-Western Rajputana group of stations . . . . XIV 110

	TABLE	PAGE
Parallel Tables—Native Troops serving in the South-Eastern Rajputana, Central India and Gujarat group of stations	XV	111
Native Troops serving in the Deccan group of stations	XVI	112
Native Troops serving in the Western Coast group of stations	XVII	113
Native Troops serving in the Southern India group of stations	XVIII	114
Native Troops serving in the Hill Stations of India	XIX	115
Statement showing in contrast the Ratios of Sickness and Mortality of the different groups of stations in India	XX	116

3.—STATIONS.

General Statistics of Sickness and the ratio of Constantly sick in each Month in the Stations of the three presidencies	XXI	117
General Statistics of Sickness and the ratio in which the principal diseases have contributed to make up the Admission-rate of the year in the Stations of India	XXII	120
General Statistics of Mortality and the ratio in which the principal diseases have contributed to make up the Death-rate of the year in the Stations of India	XXIII	124
The Distribution of the Deaths of the Native Army by Stations, and the Causes of Mortality in each Station of India	XXIV	128

4.—DISEASES.

Table showing the prevalence of Influenza in each Station of India	XXV	131
The Monthly Distribution of Cholera in each Station of India	XXVI	132
The Monthly Distribution of Malarial Fevers in each Station of India	XXVII	133
Table showing the prevalence of Venereal Diseases in each Station of India	XXVIII & XXVIIIa	136—140

5.—REGIMENTS.

Statistics of each Regiment of the various Corps of the Army of India	XXIX	141

6.—DISEASES.

Detail of the Causes of Admission and Death in the various Corps of the Army of India	XXX	155

IV.—JAIL POPULATION OF INDIA.

1.—INDIA, GROUPS, AND ADMINISTRATIONS.

Sickness and Mortality among the Jail Population of India during the year, and the prevalence of the principal diseases in each month of the year	I	166
Parallel Statements for groups of India—		
(1) Burma Coast and Bay Islands group of jails	II	167
(2) Burma Inland group of jails	III	168
(3) Assam group of jails	IV	169
(4) Bengal and Orissa group of jails	V	170
(5) Gangetic Plain and Chutia Nagpur group of jails	VI	171
(6) Upper Sub-Himalayan group of jails	VII	172
(7) Indus Valley and North-Western Rajputana group of jails	VIII	173
(8) South-Eastern Rajputana, Central India and Gujarat group of jails	IX	174
(9) Deccan group of jails	X	175
(10) Western Coast group of jails	XI	176
(11) Southern India group of jails	XII	177
(12) Hill group of jails	XIII	178
Comparative Statement of the Ratios of Sickness and Mortality of the jail population of the various Groups of India	XIV	179
Comparative Statement of the Ratios of Sickness and Mortality of the jail population of the different Administrative Areas of India	XV	180

2.—INDIVIDUAL JAILS.

Table showing the Statistics of Sickness and the ratio of Constantly sick in each Month in the Jails of India	XVI	183
Table showing the Statistics of Sickness and the ratio in which the principal diseases have contributed to make up the Admission-rate of the year in each Jail of India	XVII	186
Table showing the Statistics of Mortality and the ratio in which the principal diseases have contributed to make up the Death-rate of the year in each Jail of India	XVIII	192
Table showing the prevalence of Influenza in each Month, and the Distribution of the Disease by Stations	XIX	198
Table showing the prevalence of Cholera in each Month, and the Distribution of the Disease by Stations	XX	199
Table showing the Mortality in each Jail, the Causes of Death and the ratio of Deaths to Strength	XXI	200

Table Page

3.—INDIA AND ADMINISTRATIONS.

A Summary of the Annual Returns of the Jails of India, giving in detail the Causes of Admission and Death of the Jail Population of each Province . . . XXII 204
A.—Admissions and Deaths of the different Administrations of the Bengal Presidency.
B.—Admissions and Deaths of Bombay, Berar, Madras, Burma, Andamans and India.

4.—NON-BRITISH JAILS.

Sickness and Mortality in the Sadra, Kolhapur, Savantvadi and Mercara Jails during the year, and the prevalence of the principal diseases in each Month of the year XXIII 215

Note.—Owing to the system of weekly returns at present in force for the army, the months mentioned in the tables for Troops are not calendar months, but 4-5 week periods.

For 1894 the months are divided as follows :—

January—from 1st January to 2nd February.
February—from 3rd February to 2nd March.
March—from 3rd to 30th March.
April—from 31st March to 27th April.
May—from 28th April to 1st June.
June—from 2nd to 29th June
July—from 30th June to 3rd August.
August—from 4th to 31st August.
September—from 1st to 28th September.
October—from 29th September to 2nd November.
November—from 3rd to 30th November.
December—from 1st to 31st December.

In the Jail tables, on the other hand, the months mentioned are calendar months, the returns being monthly returns.

TABLE G.

Grouping of Diseases in the Main Tables for 1894.[*]

Head of Disease.	Includes or includes also
Cholera	Sporadic Cholera.
Intermittent Fever	Malarial Cachexia.
Simple Continued Fever	Febricula.
Other Fevers	Nos. 2, 3, 4, 5, 6, 7, 8, 9, 10 and 15 of the New Nomenclature, also 1 and 17 when not shown separately.
Heat-stroke	Sunstroke and Heat-Apoplexy.
Alcoholism	Delirium tremens. Alcoholic Poisoning.
Nervous Diseases	Nos. 80—142. Includes Neuralgia and Apoplexy.
Valve Disease and Aneurysm.	This heading appears only under "Causes of Death." Circulatory Diseases are not subdivided under "Causes of Admission."
Tubercle of the lungs	Tubercle of the Larynx.
Phthisis pulmonalis	Tubercle of the lungs, Acute and Chronic Pneumonic Phthisis, and Hæmoptysis. This heading now appears only in foot-notes.
Other Respiratory Diseases.	Includes Hæmoptysis and Acute and Chronic Pneumonic Phthisis.
Tonsillitis and Sore-throat	Quinsy, Sloughing Sore-throat, Ulceration of the fauces, Hypertrophy of the tonsils, Relaxed throat, and Elongated uvula, Nos. 418—425.
Anæmia and Debility	Old age (Tables for men and women). Immaturity at birth (Tables for children).
Diarrhœa	Epidemic Diarrhœa.
Hepatic Congestion and Inflammation.	Congestion of liver, Hepatitis, Perihepatitis; but excludes cirrhosis of liver.
Acute and Chronic Rheumatism.	Rheumatic Fever. Rheumatism. The heading Neuralgia now appears only in foot-notes.
Venereal Diseases	Primary syphilis, Secondary syphilis; Gonorrhœa, and Ulcer of the penis, which include also their sequelæ.
Guinea-Worm	The entozoa numbered from 1 to 66: also Nos. 93 and 94.
Other Entozoa	
Diseases of the Integuments.	New Nomenclature Nos. 810 to 874.
Phagedæna, Slough and Gangrene.	New Nomenclature Nos. 25 *a* and *b*, 787, 813, and 854. These two headings appear only in Jail Tables.
Abscess, Ulcer and Boil	New Nomenclature Nos. 812, 849, and 852.
Injuries	Excluding Heat-stroke and Alcoholic Poisoning.
Abortion and Puerperal Affections.	New Nomenclature Nos. 709 to 731, and any other diseases stated by medical officers to have been puerperal.
Other Diseases peculiar to Women.	New Nomenclature No. 455, Vomiting of Pregnancy, Nos. 632 to 708, and Nos. 732 to 743.

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[*] For details of individual diseases, see Tables XXXIII European Troops, XIII and XIV Women and Children, XXX Native Troops, and XXII Jails.

N.B.—The heading Parasitic Diseases in Table XXXII European Troops excludes the diseases numbered 870, 871, 872, 873 and 874 in the Nomenclature of 1885.

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EUROPEAN TROOPS, 1894.

EUROPEAN TROOPS, 1894.

I.

TABLE showing the SICKNESS and MORTALITY among the EUROPEAN TROOPS of the ARMY of INDIA during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	CAUSES OF DEATH.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Valve Disease and Aneurysm.	Other Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Urinary Diseases.	Scurvy.	Injuries.	Suicide.	All other Causes.
January	70,131	6,691	95·4	47	7·41	...	...	6	1	...	1	...	...	...	3	1	2	1	10	2	4	...	3	...	1	...	2	1	9
February	70,085	6,436	91·8	39	7·25	1	1	4	...	1	...	...	...	...	1	1	1	4	4	1	...	...	2	...	...	...	8	2	8
March	69,884	5,950	85·1	42	7·83	...	...	11	1	...	...	...	1	...	3	...	...	3	1	2	1	...	4	...	3	...	5	3	4
April	71,436	5,962	83·5	53	9·67	...	...	26	...	1	...	...	1	1	...	2	1	3	3	...	3	...	2	...	1	...	5	1	3
May	72,085	6,359	88·2	148	21·41	2	...	86	...	5	...	...	8	...	1	1	...	3	9	3	1	...	8	...	...	...	12	...	9
June	71,926	6,469	89·9	110	19·94	5	...	56	...	2	...	...	20	...	...	1	1	1	...	1	...	1	5	1	1	...	9	...	6
July	71,639	6,300	87·9	185	26·93	76	1	47	...	3	...	...	5	1	4	2	1	1	1	1	10	1	10	...	1	..	8	1	11
August	71,674	6,555	91·5	171	31·10	59	...	58	2	1	...	...	9	...	1	2	1	2	1	...	8	2	8	...	3	...	5	3	6
September	71,316	6,960	97·6	115	21·02	2	...	51	4	2	...	...	9	...	2	4	4	3	1	...	7	...	12	...	..	...	8	1	5
October	70,753	6,886	97·3	101	14·89	...	...	32	3	6	...	...	2	...	3	1	4	4	2	3	6	...	14	...	3	...	6	3	9
November	71,451	7,081	99·1	59	10·76	4	...	22	1	4	...	...	...	...	2	...	...	3	4	2	1	...	4	2	2	...	4	2	2
December	70,549	6,495	92·1	72	12·02	...	1	10	1	1	...	...	...	1	2	3	...	3	17	1	2	...	13	...	3	...	8	1	5
						149*	3	409*	13†	26	1	...	55**	3†	22*	18†	15§	31	53	16††	43	4*	85‡	3	18	...	80¶	(*a*) 18	(*b*) 77
						Died per 1,000 of the Average Strength.																							
For the year	71,082	6,507	91·6	1,142	16·07	2·10	·04	5·75	·18	·37	·01	...	·77	·04	·31	·25	·21	·44	·75	·23	·60	·06	1·20	·04	·25	...	1·13	·25	1·08
						Composition of 100 Deaths.																							
						13·0	·3	35·8	1·1	2·3	·1	...	4·8	·3	1·9	1·6	1·3	2·7	4·6	1·4	3·8	·4	7·4	·3	1·6	...	7·0	1·6	6·7

* One out of hospital. † One out of hospital and one with rupture of spleen. ** Eleven out of hospital. † Two out of hospital. § Five out of hospital. †† Two Chronic Pneumonic Phthisis. ‡ Thirty-five associated with Dysentery. ¶ Forty-six out of hospital. (*a*) Seventeen out of hospital. (*b*) One out of hospital, one Influenza, one Splenitis and two Rheumatic Fever.

CAUSES OF ADMISSION.	NUMBER OF ADMISSIONS INTO HOSPITAL IN EACH MONTH.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	7	9	12	70	101	30	7	7	...	2	...	...	245	3·4	·23	·41
Cholera	...	1	...	...	5	6	149	42	2	...	4	...	209	2·9	·19	70·81
Small-pox	1	3	3	2	...	1	1	1	...	...	...	1	13	·2	·01	23·08
Enteric Fever	28	26	42	143	315	160	227	179	123	113	61	67	1,484	20·9	1·38	24·86
Intermittent Fever	1,366	951	1,197	1,442	2,284	1,693	2,048	2,644	4,328	5,333	3,579	2,417	29,282	411·9	27·32	·04
Remittent Fever	17	18	24	39	71	43	75	82	88	96	62	36	651	9·2	·61	3·87
Simple Continued Fever	112	117	87	160	184	138	152	163	119	103	69	40	1,444	20·3	1·35	·07
Other Fevers	48	5	2	4	2	1	4	...	...	1	1	1	69	1·0	·06	...
Heat-stroke	1	1	1	3	35	81	27	25	15	5	1	2	197	2·8	·18	22·34
Alcoholism	22	21	32	31	20	37	26	24	26	38	12	11	300	4·2	·28	·32
Nervous Diseases	58	43	58	44	48	45	64	52	47	50	27	29	565†	7·9	·53	3·22
Circulatory Diseases	52	43	62	36	47	53	61	66	47	97	31	46	641	9·0	·60	3·68
Tubercle of the lungs	18	16	35	24	17	12	15	18	12	23	17	13	220‡	3·1	·21	10·40
Pneumonia	50	23	16	21	32	10	6	6	3	19	23	54	263	3·7	·25	16·67
Other Respiratory Diseases	406	227	148	130	129	119	143	102	104	162	222	230	2,122	29·9	1·98	·70
Tonsillitis and Sorethroat	178	169	199	256	412	270	164	109	132	171	169	175	2,404	33·8	2·24	...
Dysentery	141	85	115	121	164	123	248	244	171	194	139	149	1,894	26·6	1·77	2·12
Diarrhœa	72	56	73	146	146	108	247	199	151	113	95	95	1,501	21·1	1·40	·20
Hepatic Abscess	4	8	8	8	14	10	10	14	17	21	11	8	133	1·9	·12	56·67
Hepatic Congestion and Inflammation	101	84	68	82	130	89	117	121	118	116	75	74	1,175	16·5	1·10	·24
Spleen Diseases	22	10	8	5	8	11	14	5	9	11	18	5	126	1·8	·12	·72
Urinary Diseases	11	9	10	9	8	15	17	6	9	18	16	23	151	2·1	·14	10·91
Scurvy	2	...	2	...	2	1	2	1	1	2	...	...	13	·2	·01	...
Acute and Chronic Rheumatism	213	146	152	140	189	142	213	143	119	137	120	134	1,848§	26·0	1·72	
Venereal Diseases	3,728	3,005	3,035	3,230	3,559	2,480	3,158	2,263	2,476	3,555	2,899	2,963	36,351	511·4	33·91	
Eye Diseases	75	46	59	75	86	52	76	53	63	59	59	55	758	10·7	·71	
Entozoa	22	17	18	25	25	19	17	19	13	16	8	6	205	2·9	·19	
Diseases of the Integuments	470	392	395	372	557	631	913	629	629	625	467	426	6,506	91·5	6·07	
Injuries	606	519	588	621	650	492	616	470	494	563	504	667	6,790	95·5	6·33	
All other Causes	799	691	715	768	1,006	875	986	781	775	906	645	682	9,629	135·5	8·98	
	8,630	6,741	7,164	8,007	10,246	7,747	9,803	8,468	10,091	12,549	9,334	8,409	107,189			·93
	Admitted per 1,000 per annum.															
	1361·1	1253·8	1336·3	1461·1	1482·3	1404·0	1427·0	1540·1	1844·5	1849·6	1702·9	1403·4	1508·0			

* Excluding deaths out of hospital. † Neuralgia 243=3·4. ‡ Phthisis pulmonalis 244=3·4. § See Table XXVII.

II.

TABLE showing the SICKNESS and MORTALITY among the EUROPEAN TROOPS of the ARMY of BENGAL during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Valve Disease and Aneurysm.	Other Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Urinary Diseases.	Scurvy.	Injuries.	Suicide.	All other Causes.
January	41,933	4,121	98·3	37	9·76	...	...	5	1	...	...	...	...	...	3	...	2	1	9	2	3	...	2	...	...	...	2	1	6
February	43,377	4,007	92·4	20	6·01	1	...	4	...	...	...	...	...	...	1	...	1	1	3	1	...	...	...	...	...	...	4	1	3
March	43,436	3,727	85·8	18	5·40	...	...	3	...	...	...	...	...	...	2	...	...	3	...	2	1	...	2	...	1	...	3	...	1
April	44,568	3,758	84·3	33	9·65	...	...	20	...	1	...	...	...	...	...	1	...	1	2	...	2	...	1	...	1	...	1	1	2
May	45,482	4,165	91·6	105	24·08	1	...	70	...	3	...	...	1	...	...	...	...	2	6	2	...	...	6	...	...	...	8	...	6
June	45,237	4,301	95·1	87	25·07	4	...	47	...	2	...	...	15	...	...	1	...	1	...	1	...	...	4	1	...	...	6	...	5
July	45,161	4,077	90·3	144	33·25	76	...	29	...	1	...	...	5	...	3	1	...	...	1	1	6	1	5	...	...	...	4	1	10
August	45,007	4,204	93·4	136	39·39	59	...	36	2	1	...	...	9	...	1	2	...	2	...	...	8	1	6	...	1	...	3	2	3
September	44,840	4,552	101·5	87	25·29	1	...	39	4	2	...	...	8	...	1	3	2	3	1	...	6	...	8	...	...	...	5	1	3
October	43,789	4,536	103·6	56	13·34	...	...	18	3	4	...	...	...	...	2	...	1	1	1	2	3	...	9	...	3	...	3	1	5
November	45,049	4,600	102·1	45	13·02	4	...	19	...	4	...	...	...	...	2	...	...	1	4	1	1	...	2	2	2	...	1	1	1
December	43,402	4,149	95·6	53	14·38	...	...	10	1	...	...	...	...	1	1	...	...	3	17	1	2	...	6	...	3	...	4	...	4
						146*	...	300	11‡	18	...	...	38**	1*	16*	8†	6†	19	44	13§	32	2	51††	3	11	...	44‖	9¶	(a) 49
						Died per 1,000 of the Average Strength.																							
For the year	44,267	4,179	94·5	821	18·55	3·30	...	6·78	·25	·41	...	...	·86	·02	·36	·18	·14	·43	·99	·29	·72	·05	1·15	·07	·25	...	·99	·20	1·11
						Composition of 100 Deaths.																							
						17·8	...	36·5	1·3	2·2	...	...	4·6	·1	1·9	1·0	·7	2·3	5·4	1·6	3·9	·2	6·2	·4	1·3	...	5·4	1·1	6·0

* One out of hospital. ** Eight out of hospital. † Two out of hospital. § One Chronic Pneumonic Phthisis.
†† Thirty associated with Dysentery. ‡ One with rupture of spleen. ‖ Twenty-five out of hospital. ¶ Out of hospital.
(a) One Splenitis and one Rheumatic Fever.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	6	9	10	70	44	11	2	1	...	...	...	...	153	3·5	·22	...
Cholera	...	1	...	...	3	5	149	42	1	...	4	...	205	4·6	·30	70·73
Small-pox	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...
Enteric Fever	22	14	25	118	278	134	108	115	77	67	54	57	1,069	24·1	1·54	24·73
Intermittent Fever	732	484	672	920	1,468	1,097	1,324	1,988	3,453	4,204	2,591	1,623	20,556	464·4	29·64	·05
Remittent Fever	12	12	19	29	46	35	52	54	61	59	52	27	458	10·3	·66	3·77
Simple Continued Fever	16	20	37	85	140	113	121	117	72	52	31	18	822	18·6	1·19	...
Other Fevers	4	3	1	2	2	1	3	...	...	1	1	...	18	·4	·03	...
Heat-stroke	1	1	1	...	11	70	27	24	12	...	...	...	147	3·3	·21	20·41
Alcoholism	14	10	12	25	15	28	16	17	17	27	8	4	193	4·4	·28	...
Nervous Diseases	35	26	26	21	23	17	42	34	29	25	14	18	310†	7·0	·45	4·09
Circulatory Diseases	35	31	25	12	36	34	49	50	38	34	28	30	402	9·1	·58	2·23
Tubercle of the lungs	10	10	3	8	12	11	8	15	7	11	12	7	114‡	2·6	·16	11·95
Pneumonia	40	16	12	14	21	8	4	2	2	10	20	48	197	4·5	·28	17·81
Other Respiratory Diseases	314	183	99	70	72	75	95	47	62	95	147	180	1,439	32·5	2·07	·83
Tonsillitis and Sorethroat	109	109	123	166	349	216	125	79	96	126	130	108	1,736	39·2	2·50	...
Dysentery	91	37	60	76	104	76	135	154	105	120	98	98	1,154	26·1	1·66	2·57
Diarrhœa	51	38	59	118	120	81	199	157	108	86	71	71	1,159	26·2	1·67	·17
Hepatic . Abscess	1	4	1	3	10	6	7	10	10	11	3	3	69	1·6	·10	64·56
Hepatic . Congestion and Inflammation	59	42	32	45	66	61	65	70	61	51	31	34	617	13·9	·89	·46
Spleen Diseases	17	8	4	4	6	6	9	4	7	9	13	4	91	2·1	·13	1·00
Urinary Diseases	6	3	6	6	4	8	11	5	5	10	13	15	92	2·1	·13	10·78
Scurvy	1	...	1	...	2	1	1	1	1	2	...	...	10	·2	·01	...
Acute and Chronic Rheumatism	154	101	104	87	102	76	144	89	75	86	75	94	1,187§	26·8	1·71	
Venereal Diseases	2,247	1,840	1,828	2,020	2,294	1,588	1,929	1,333	1,427	2,098	1,732	1,781	22,117	499·6	31·89	
Eye Diseases	40	26	32	52	58	35	51	30	42	30	36	27	459	10·4	·66	
Entozoa	17	15	11	21	17	14	13	12	11	14	1	5	151	3·4	·22	
Diseases of the Integuments	305	235	257	230	343	406	623	472	449	382	304	275	4,281	96·7	6·17	
Injuries	370	304	398	369	404	300	387	282	294	330	331	397	4,166	94·1	6·01	
All other Causes	472	435	406	447	632	536	658	511	533	544	392	413	5,979	135·1	8·62	
	5,181	4,017	4,265	5,018	6,682	5,049	6,357	5,715	7,055	8,484	6,192	5,337	69,352			1·06
	Admitted per 1,000 per annum.															
	1366·6	1207·2	1280·0	1467·7	1532·1	1454·9	1468·0	1655·3	2051·0	2020·5	1791·8	1447·8	1566·7			

* Excluding deaths out of hospital. † Neuralgia 136 = 3·1. ‡ Phthisis pulmonalis 125 = 2·8. § See Table XXVII.

III.

TABLE showing the SICKNESS and MORTALITY among the EUROPEAN TROOPS of the ARMY of MADRAS during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Valve Disease and Aneurysm.	Other Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Urinary Diseases.	Scurvy.	Injuries.	Suicide.	All other Causes.
January	13,096	1,277	97·5	5	4·22	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	1	...	1	...	...	...	...	...	1
February	12,999	1,308	100·6	6	6·02	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	2	...	...	...	...	...	1
March	12,733	1,161	91·2	11	11·26	...	...	5	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	1	...	1	2	...
April	13,208	1,109	84·0	10	9·87	...	...	2	...	...	...	...	1	1	...	...	1	...	...	...	1	...	1	...	...	...	2	...	1
May	13,555	1,138	84·0	22	16·93	...	...	7	...	2	...	...	4	...	1	1	...	...	2	...	1	...	1	...	...	...	1	...	2
June	13,708	1,131	82·5	7	6·66	...	...	2	...	...	...	...	...	...	...	...	1	...	...	..	...	...	...	...	1	...	2	...	1
July	13,535	1,151	85·0	14	10·79	...	..	3	...	2	...	...	...	1	...	...	...	1	...	...	2	...	2	...	1	...	1	...	1
August	13,773	1,186	86·1	15	14·20	...	...	8	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1	...	2	1	1
September	13,681	1,214	88·7	10	9·53	1	...	5	...	...	...	...	...	...	..	...	...	...	...	...	...	...	1	...	...	...	2	...	1
October	13,125	1,122	85·5	15	11·92	...	...	5	...	1	...	...	1	...	...	...	...	1	...	...	2	...	1	...	...	...	...	1	3
November	13,624	1,295	95·1	6	5·74	...	...	2	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1
December	13,731	1,192	86·8	6	5·14	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	2	...	...	...	1	1	...
						1	...	39*	1*	5	...	...	7†	2*	1	4	2	4	5	1	7	...	13**	...	4	...	13‡	5§	13‖
						Died per 1,000 of the Average Strength.																							
For the year	13,397	1,188	88·8	127	9·48	·07	...	2·91	·07	·37	...	...	·52	·15	·07	·30	·15	·30	·37	·07	·52	...	·97	...	·30	...	·97	·37	·97
						Composition of 100 Deaths.																							
						·8	...	30·7	·8	3·9	...	...	5·5	1·6	·8	3·1	1·6	3·1	3·9	·8	5·5	...	10·2	...	3·1	...	10·2	3·9	10·2

* One out of hospital. † Two out of hospital. ** Five associated with dysentery. ‡ Eight out of hospital. § Four out of hospital.
‖ One out of hospital, one Influenza and one Rheumatic Fever.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	...	...	2	...	57	19	5	6	...	2	...	...	91	6·8	·53	1·10
Cholera	...	...	...	...	...	...	...	...	1	...	...	...	1	·1	·01	100·00
Small-pox	...	...	1	...	...	...	...	...	...	...	...	...	1	·1	·01	...
Enteric Fever	2	5	5	6	13	9	22	22	20	27	3	4	138	10·3	·81	26·03
Intermittent Fever	181	168	231	195	283	177	205	146	173	284	315	170	2,528	188·7	14·82	...
Remittent Fever	4	1	4	8	20	7	6	15	17	14	7	4	107	8·0	·63	4·59
Simple Continued Fever	74	81	27	57	34	10	6	15	19	15	14	8	360	26·9	2·11	...
Other Fevers	3	...	...	2	...	...	...	...	...	...	...	...	5	·4	·03	...
Heat-stroke	...	...	...	1	16	4	...	1	2	2	1	2	29	2·2	·17	17·24
Alcoholism	6	7	12	3	4	7	5	3	7	5	2	3	64	4·8	·38	1·52
Nervous Diseases	12	8	10	8	13	10	12	10	7	7	5	7	109†	8·1	·64	·80
Circulatory Diseases	10	3	7	6	6	8	3	7	...	5	2	6	63	4·7	·37	8·33
Tubercle of the lungs	3	4	4	3	3	1	3	1	2	5	4	5	38‡	2·8	·22	6·56
Pneumonia	2	3	...	4	7	2	2	3	1	4	2	2	32	2·4	·19	15·15
Other Respiratory Diseases	27	23	15	32	37	19	13	38	21	35	43	22	325	24·3	1·91	·29
Tonsillitis and Sorethroat	31	27	40	23	29	27	26	23	18	27	19	22	312	23·3	1·83	...
Dysentery	27	34	30	23	42	35	74	36	38	41	32	32	444	33·1	2·60	1·46
Diarrhœa	...	5	2	4	4	...	...	...	14	7	7	5	48	3·6	·28	..
Hepatic Abscess	1	3	1	1	1	1	2	1	2	1	5	4	23	1·7	·13	56·52
Hepatic Congestion and Inflammation	28	30	23	17	43	21	36	39	40	33	18	29	357	26·6	2·09	...
Spleen Diseases	...	...	...	...	...	...	1	1	...	...	3	...	5	·4	·03	...
Urinary Diseases	...	3	1	1	2	5	3	...	3	2	2	4	26	1·9	·15	14·81
Scurvy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute and Chronic Rheumatism	29	25	21	30	47	41	39	34	21	24	24	25	360§	26·9	2·11	
Venereal Diseases	729	603	568	555	573	448	598	477	522	702	608	545	6,928	517·1	40·62	
Eye Diseases	15	7	11	11	11	9	10	9	16	15	14	19	147	11·0	·86	
Entozoa	...	2	3	2	3	4	2	3	...	1	2	...	22	1·6	·13	
Diseases of the Integuments	73	93	63	75	116	125	156	88	103	129	103	76	1,200	89·6	7·04	
Injuries	134	123	95	123	131	118	127	86	113	133	107	146	1,436	107·2	8·42	
All other Causes	172	130	156	174	201	184	173	143	112	151	135	127	1,858	138·7	10·89	
	1,563	1,388	1,332	1,364	1,696	1,291	1,529	1,207	1,272	1,671	1,477	1,267	17,057			·60
	Admitted per 1,000 per annum.															
	1320·1	1391·9	1363·7	1346·2	1304·8	1227·7	1178·1	1142·4	1212·0	1327·7	1413·2	1086·4	1273·2			

* Excluding deaths out of hospital. † Neuralgia 55=4·1. ‡ Phthisis pulmonalis 43=3·2. § See Table XXVII.

IV.

TABLE showing the SICKNESS and MORTALITY among the EUROPEAN TROOPS of the ARMY of BOMBAY during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	CAUSES OF DEATH.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Valve Disease and Aneurysm.	Other Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Urinary Diseases.	Scurvy.	Injuries.	Suicide.	All other Causes.
January	15,102	1,293	85·6	5	3·66	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2
February	13,709	1,121	81·8	13	12·36	...	1	...	...	1	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	4	1	4
March	13,715	1,062	77·4	13	12·36	...	...	3	1	...	...	...	...	...	1	...	...	...	1	...	...	...	1	...	1	...	1	1	3
April	13,660	1,095	80·2	10	9·54	...	...	4	...	...	...	...	...	...	...	1	...	2	1	...	...	...	...	...	...	...	2	...	...
May	13,048	1,056	80·9	21	16·78	1	...	9	...	...	...	...	3	...	...	...	...	1	1	1	...	...	1	...	...	...	3	...	1
June	12,981	1,037	79·9	16	16·07	1	...	7	...	...	...	...	5	...	...	...	...	...	...	...	...	1	1	...	...	...	1	...	...
July	12,943	1,072	82·8	27	21·75	...	1	15	...	...	...	...	...	...	1	1	1	...	...	...	2	...	3	...	...	..	3	...	...
August	12,894	1,165	90·4	20	20·22	...	...	14	...	...	...	...	...	...	...	...	1	...	...	...	...	1	1	...	1	...	...	...	2
September	12,795	1,194	93·3	18	18·34	...	...	7	...	...	...	...	1	...	1	1	2	...	...	...	1	...	3	...	...	...	1	...	1
October	13,839	1,228	88·7	30	22·61	...	...	9	...	1	...	...	1	...	1	1	3	2	1	1	1	...	4	...	...	...	3	1	1
November	12,778	1,186	92·8	8	8·16	...	...	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	2	...	...	...	2	1	...
December	13,416	1,154	86·0	13	11·41	...	1	...	...	1	...	...	...	...	1	1	...	...	...	...	...	...	5	...	...	...	3	...	1
						2	3	70	1	3	1	...	10*	...	5	6	7**	8	4	2†	4	2*	21	...	3	...	23‡	4§	15
						Died per 1,000 of the Average Strength.																							
For the year	13,418	1,140	84·9	194	14·46	·15	·22	5·22	·07	·22	·07	...	·75	...	·37	·45	·52	·60	·30	·15	·30	·15	1·57	...	·22	...	1·71	·30	1·12
						Composition of 100 Deaths.																							
						1·0	1·5	36·1	·5	1·5	·5	...	5·2	...	2·6	3·1	3·6	4·1	2·1	1·0	2·1	1·0	10·8	...	1·5	...	11·9	2·1	7·7

* One out of hospital. ** Three out of hospital. † One Chronic Pneumonic Phthisis. § Out of hospital. ‡ Thirteen out of hospital.

CAUSES OF ADMISSION.	NUMBER OF ADMISSIONS INTO HOSPITAL IN EACH MONTH.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	1	...	...	...	...	...	...	...	...	...	...	...	1	·1	...	...
Cholera	...	...	...	...	2	1	...	...	...	...	...	...	3	·2	·01	66·67
Small-pox	1	3	1	2	...	1	1	1	...	...	...	1	11	·8	·05	27·27
Enteric Fever	4	7	12	19	24	17	97	42	26	19	4	6	277	20·6	1·33	24·82
Intermittent Fever	453	299	294	327	533	419	519	510	702	845	673	624	6,198	461·9	29·83	·02
Remittent Fever	1	5	1	2	5	1	17	13	10	23	3	5	86	6·4	·41	3·49
Simple Continued Fever	22	16	23	18	10	15	25	31	28	36	24	14	262	19·5	1·26	·37
Other Fevers	41	2	1	...	...	...	1	...	...	...	...	1	46	3·4	·22	...
Heat-stroke	...	...	...	2	8	7	...	...	1	3	...	...	21	1·6	·10	42·86
Alcoholism	2	4	8	3	1	2	5	4	2	6	2	4	43	3·2	·21	...
Nervous Diseases	11	9	22	15	12	18	10	8	11	18	8	4	146†	10·9	·70	3·11
Circulatory Diseases	7	9	30	18	5	11	9	9	9	58	1	10	176	13·1	·85	5·35
Tubercle of the lungs	5	2	28	13	2	...	4	2	3	7	1	1	68‡	5·1	·33	10·26
Pneumonia	8	4	4	3	4	...	...	1	...	5	1	4	34	2·5	·16	10·53
Other Respiratory Diseases	65	21	34	28	20	25	35	17	21	32	32	28	358	26·7	1·72	·52
Tonsillitis and Sorethroat	38	33	36	67	34	27	13	7	18	18	20	45	356	26·5	1·71	...
Dysentery	23	14	25	22	18	12	39	54	28	33	9	19	296	22·1	1·42	1·29
Diarrhœa	21	13	12	24	22	27	48	42	29	20	17	19	294	21·9	1·41	·34
Hepatic Abscess	2	1	6	4	3	3	1	3	5	9	3	1	41	3·1	·20	44·75
Hepatic Congestion and Inflammation	14	12	13	20	21	7	16	12	17	32	26	11	201	15·0	·97	...
Spleen Diseases	5	2	4	1	2	5	4	...	2	2	2	1	30	2·2	·14	...
Urinary Diseases	5	3	3	2	2	2	3	1	1	6	1	4	33	2·5	·16	8·33
Scurvy	1	...	1	...	...	...	1	...	...	...	...	...	3	·2	·01	...
Acute and Chronic Rheumatism	30	20	27	23	40	25	30	20	23	27	21	15	301§	22·4	1·45	
Venereal Diseases	752	562	639	655	692	444	631	453	527	755	559	637	7,306	544·5	35·16	
Eye Diseases	20	13	16	12	17	8	15	14	5	14	9	9	152	11·3	·73	
Entozoa	5	...	4	2	5	1	2	4	2	1	5	1	32	2·4	·15	
Diseases of the Integuments	92	64	75	67	98	100	134	69	77	114	60	75	1,025	76·4	4·93	
Injuries	102	92	95	129	115	74	102	102	87	100	66	124	1,188	88·5	5·72	
All other Causes	155	126	153	147	173	155	155	127	130	211	118	142	1,792	133·6	8·62	
	1,886	1,336	1,567	1,625	1,868	1,407	1,917	1,546	1,764	2,394	1,665	1,805	20,780			·78
	Admitted per 1,000 per annum.															
	1381·3	1270·4	1489·4	1550·7	1493·0	1412·9	1544·6	1563·0	1797·2	1804·0	1698·6	1584·1	1548·7			

* Excluding deaths out of hospital. † Neuralgia 52=3·9. ‡ Phthisis pulmonalis 76=5·7. § See Table XXVII.

V.

COMPARATIVE STATEMENT of the RATIOS of SICKNESS and MORTALITY in the ARMIES of the THREE PRESIDENCIES for the year 1894.

	Ratio per 1,000 of Strength.			
	Army of Bengal.	Army of Madras.	Army of Bombay.	Army of India.
I.—Average Annual Strength	44,267	13,397	13,418	71,082
II.—Constantly-sick-rate of—				
January	98·3	97·5	85·6	95·4
February	92·4	100·6	81·8	91·8
March	85·8	91·2	77·4	85·1
April	84·3	84·0	80·2	83·5
May	91·6	84·0	80·9	88·2
June	95·1	82·5	79·9	89·9
July	90·3	85·0	82·8	87·9
August	93·4	86·1	90·4	91·5
September	101·5	88·7	93·3	97·6
October	103·6	85·5	88·7	97·3
November	102·1	95·1	92·8	99·1
December	95·6	86·8	86·0	92·1
Of the year	94·5	88·8	84·9	91·6
III.—Admission-rate of the year—				
Influenza	3·5	6·8	·1	3·4
Cholera	4·6	·1	·2	2·9
Small-pox	...	·1	·8	·2
Enteric Fever	24·1	10·3	20·6	20·9
Intermittent Fever	464·4	188·7	461·9	411·9
Remittent Fever	10·3	8·0	6·4	9·2
Simple Continued Fever	18·6	26·9	19·5	20·3
Other Fevers	·4	·4	3·4	1·0
Heat-stroke	3·3	2·2	1·6	2·8
Alcoholism	4·4	4·8	3·2	4·2
Nervous Diseases	7·0	8·1	10·9	7·9
Circulatory Diseases	9·1	4·7	13·1	9·0
Tubercle of the lungs	2·6	2·8	5·1	3·1
Pneumonia	4·5	2·4	2·5	3·7
Other Respiratory Diseases	32·5	24·3	26·7	29·9
Tonsillitis and Sorethroat	39·2	23·3	26·5	38·8
Dysentery	26·1	33·1	22·1	26·6
Diarrhœa	26·2	3·6	21·9	21·1
Hepatic { Abscess	1·6	1·7	3·1	1·9
Hepatic { Congestion and Inflammation	13·9	26·6	15·0	16·5
Spleen Diseases	2·1	·4	2·2	1·8
Urinary Diseases	2·1	1·9	2·5	2·1
Scurvy	·2	...	·2	·2
Acute and Chronic Rheumatism	26·8	26·9	22·4	26·0
Venereal Diseases	499·6	517·1	544·5	511·4
Eye Diseases	10·4	11·0	11·3	10·7
Entozoa	3·4	1·6	2·4	2·9
Diseases of the Integuments	96·7	89·6	76·4	91·5
Injuries	94·1	107·2	88·5	95·5
All other Causes	135·1	138·7	133·6	135·5
All Causes	1566·7	1273·2	1548·7	1508·0
IV.—Death-rate of the year—				
Cholera	3·30	·07	·15	2·10
Small-pox	...	...	·22	·04
Enteric Fever	6·78	2·91	5·22	5·75
Intermittent Fever	·25	·07	·07	·18
Remittent Fever	·41	·37	·22	·37
Simple Continued Fever	...	...	·07	·01
Other Fevers	...	...	...	...
Heat-stroke	·86	·52	·75	·77
Alcoholism	·02	·15	...	·04
Nervous Diseases	·36	·07	·37	·31
Valve Disease and Aneurysm	·18	·30	·45	·25
Other Circulatory Diseases	·14	·15	·52	·21
Tubercle of the lungs	·43	·30	·60	·44
Pneumonia	·99	·37	·30	·75
Other Respiratory Diseases	·29	·07	·15	·23
Dysentery	·72	·52	·30	·60
Diarrhœa	·05	...	·15	·06
Hepatic { Abscess	1·15	·97	1·57	1·20
Hepatic { Congestion and Inflammation	·07	...	...	·04
Urinary Diseases	·25	·30	·22	·25
Scurvy	...	...	...	...
Injuries	·99	·97	1·71	1·13
Suicide	·20	·37	·30	·25
All other Causes	1·11	·97	1·12	1·08
All Causes	18·55	9·48	14·46	16·07
	Died out of each hundred Cases treated.			
V.—Fatality—				
Cholera	70·73	100·00	66·67	70·81
Enteric Fever	24·73	26·03	24·82	24·86
Remittent Fever	3·77	4·59	3·49	3·87
Simple Continued Fever	...	...	·37	·07
Heat-stroke	20·41	17·24	42·86	22·34
Tubercle of the lungs	11·95	6·56	10·26	10·40
Pneumonia	17·81	15·15	10·53	16·67
Other Respiratory Diseases	·83	·29	·52	·70
Dysentery	2·57	1·46	1·29	2·12
Hepatic { Abscess	64·56	56·52	44·75	56·67
Hepatic { Congestion and Inflammation	·46	...	...	·24

VI.

TABLE showing the SICKNESS and MORTALITY among the EUROPEAN TROOPS serving in the BURMA COAST and BAY ISLANDS group of stations during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Valve Disease and Aneurysm.	Other Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Urinary Diseases.	Scurvy.	Injuries.	Suicide.	All other Causes.
January	1,086	159	146·4	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
February	1,125	182	161·8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
March	1,030	117	113·6	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...
April	1,063	104	97·8	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
May	1,196	102	85·3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...	...	...	...
June	1,217	95	78·1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
July	1,220	91	74·6	3	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
August	1,230	94	76·4	2	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
September	1,255	98	78·1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
October	1,060	79	74·5	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
November	1,020	111	108·8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
December	1,086	93	85·6	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...
						...	...	1	...	1	...	...	..	..	...	...	...	...	1	...	2	...	*5	...	1	...	†3	†2	3
						Died per 1,000 of the Average Strength.																							
For the year	1,133	110	97·5	19	16·77	...	...	·88	...	·88	...	...	...	...	...	...	...	...	·88	...	1·77	...	4·41	...	·88	...	2·65	1·77	2·65
						Composition of 100 Deaths.																							
						...	...	5·3	...	5·3	...	...	..	...	...	...	...	...	5·3	...	10·5	...	26·3	...	5·3	...	15·8	10·5	15·8

* Four associated with dysentery. † Out of hospital.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	...	...	...	...	...	...	...	5	...	...	...	...	5	4·4	·29	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	...	...	...	...	2	...	...	...	...	1	3	2·6	·17	12·50
Intermittent Fever	6	11	2	27	75	35	22	18	10	90	160	48	504	444·8	28·88	...
Remittent Fever	...	...	...	...	1	...	1	...	...	...	...	...	2	1·8	·11	50·00
Simple Continued Fever	43	40	6	2	4	3	...	...	3	...	...	...	101	89·1	5·79	...
Other Fevers	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Heat-stroke	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Alcoholism	...	...	...	...	...	1	...	...	...	...	...	...	1	·9	·06	...
Nervous Diseases	...	...	...	1	1	2	1	3	1	1	1	...	†11	9·7	·63	...
Circulatory Diseases	...	...	...	...	1	...	...	...	...	1	...	...	2	1·8	·11	...
Tubercle of the lungs	1	...	1	...	...	...	...	...	...	...	...	...	‡2	1·8	·11	...
Pneumonia	...	...	...	1	1	1	...	1	...	...	...	...	4	3·5	·23	20·00
Other Respiratory Diseases	3	2	2	1	2	3	1	10	3	2	...	...	29	25·6	1·66	...
Tonsillitis and Sorethroat	1	1	4	...	...	1	...	1	1	1	1	1	12	10·6	·69	...
Dysentery	5	7	3	4	13	7	9	6	5	2	3	5	69	60·9	3·95	2·67
Diarrhœa	...	...	...	...	...	...	...	...	...	...	1	1	2	1·8	·11	...
Hepatic Abscess	...	...	1	1	...	...	...	...	1	1	...	1	5	4·4	·29	100·00
Hepatic Congestion and Inflammation	2	3	2	3	2	1	3	2	6	3	2	1	30	26·5	1·72	...
Spleen Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Urinary Diseases	...	1	1	...	...	2	1	...	...	...	...	...	5	4·4	·29	20·00
Scurvy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute and Chronic Rheumatism	5	3	2	3	9	11	4	2	1	2	...	...	§42	37·1	2·41	
Venereal Diseases	81	38	33	39	31	30	36	42	35	71	59	55	550	485·4	31·52	
Eye Diseases	1	1	1	...	...	2	1	1	...	1	...	...	8	7·1	·46	
Entozoa	...	...	...	...	...	...	...	1	...	...	...	...	1	·9	·06	
Diseases of the Integuments	5	3	4	11	16	18	27	13	13	12	7	1	130	114·7	7·45	
Injuries	12	4	6	9	12	7	11	7	7	9	5	17	106	93·6	6·07	
All other Causes	14	12	9	14	8	10	14	8	8	15	4	5	121	106·8	6·93	
	179	126	77	116	176	134	133	120	94	211	243	136	1,745			·75
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	1540·2			

* Excluding deaths out of hospital. † Neuralgia 5=4·4. ‡ Phthisis pulmonalis 2=1·8. § See Table No. XXVII.

EUROPEAN TROOPS, 1894.

VII.

TABLE showing the SICKNESS and MORTALITY among the EUROPEAN TROOPS serving in the BURMA INLAND group of stations during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	CAUSES OF DEATH.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Valve Disease and Aneurysm.	Other Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Urinary Diseases.	Scurvy.	Injuries.	Suicide.	All other Causes.
January	2,582	277	107·3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
February	2,577	292	113·3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
March	2,393	243	101·5	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	1	...
April	2,489	223	89·6	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
May	2,643	217	82·1	3	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
June	2,723	237	87·0	3	...	...	...	1	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	1	...	1
July	2,720	267	98·2	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
August	2,710	268	98·9	3	...	..	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
September	2,666	277	103·9	3	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	..
October	2,580	213	82·6	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
November	2,782	244	87·7	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
December	2,811	246	87·5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
						1	...	5	1*	3	...	...	1	1*	...	...	...	...	...	...	...	...	...	...	...	...	4**	1	1
						Died per 1,000 of the Average Strength.																							
For the year	2,641	249	94·8	18	6·82	·38	...	1·89	·38	1·14	...	...	·38	·38	...	...	...	...	...	...	...	...	...	...	...	...	1·51	·38	·38
						Composition of 100 Deaths.																							
						5·6	...	27·8	5·6	16·7	...	...	5·6	5·6	...	...	...	...	...	...	...	...	...	...	...	...	22·2	5·6	5·6

* Out of hospital. ** Two out of hospital.

CAUSES OF ADMISSION.	NUMBER OF ADMISSIONS INTO HOSPITAL IN EACH MONTH.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	...	1	...	...	...	1	·4	·03	100·00
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	...	...	...	2	2	4	2	3	...	1	14	5·3	·36	35·71
Intermittent Fever	60	56	42	39	80	63	82	65	59	90	72	49	757	286·6	19·53	...
Remittent Fever	2	1	1	4	4	3	2	7	15	10	5	3	57	21·6	1·47	5·17
Simple Continued Fever	...	...	...	1	...	...	...	...	...	...	3	1	5	1·9	·13	...
Other Fevers	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Heat-stroke	...	...	...	...	8	...	...	1	...	...	...	...	9	3·4	·23	11·11
Alcoholism	3	1	4	...	...	1	...	1	1	...	1	...	12	4·5	·31	...
Nervous Diseases	5	1	3	2	2	3	1	3	3	1	...	3	27†	10·2	·70	...
Circulatory Diseases	1	2	1	1	3	4	2	1	...	...	...	...	15	5·7	·39	...
Tubercle of the lungs	...	1	...	1	1	1	1	...	1	...	1	...	7‡	2·7	·18	...
Pneumonia	1	...	...	...	1	1	...	1	...	...	...	1	5	1·9	·13	...
Other Respiratory Diseases	7	4	4	8	4	6	3	8	3	3	4	4	58	22·0	1·50	...
Tonsillitis and Sorethroat	3	2	6	5	6	7	3	9	5	4	1	3	54	20·4	1·39	...
Dysentery	4	2	3	3	8	17	31	11	12	5	3	3	102	38·6	2·63	...
Diarrhœa	...	...	2	1	3	...	...	...	2	1	...	1	10	3·8	·26	...
Hepatic — Abscess	...	...	...	...	1	...	...	...	...	...	...	1	2	·8	·05	...
Hepatic — Congestion and Inflammation	7	9	6	3	10	5	9	14	6	6	3	7	85	32·2	2·19	...
Spleen Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Urinary Diseases	...	...	...	...	...	1	...	...	1	...	...	1	3	1·1	·08	...
Scurvy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute and Chronic Rheumatism	8	8	10	7	8	7	4	11	5	5	5	4	82§	31·0	2·12	
Venereal Diseases	159	150	140	98	132	90	146	87	116	128	136	137	1,519	575·2	39·19	
Eye Diseases	1	2	2	3	1	...	3	1	2	1	2	3	21	8·0	·54	
Entozoa	...	2	...	...	...	1	2	1	...	...	1	...	7	2·7	·18	
Diseases of the Integuments	14	10	13	11	30	41	45	29	31	31	27	15	297	112·5	7·66	
Injuries	25	20	16	20	29	25	20	24	26	21	17	36	279	105·6	7·20	
All other Causes	42	28	34	36	38	55	49	46	36	26	28	30	448	169·6	11·56	
	342	299	287	243	369	333	405	324	327	335	309	303	3,876			·34
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	1467·6			

* Excluding deaths out of hospital. † Neuralgia 14 = 5·3. ‡ Phthisis pulmonalis 10=3·8. § See Table XXVII.

VIII.

TABLE showing the SICKNESS and MORTALITY among the EUROPEAN TROOPS serving in the BENGAL and ORISSA group of stations during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Valve Disease and Aneurysm.	Other Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Urinary Diseases.	Scurvy.	Injuries.	Suicide.	All other Causes.
January	2,333	226	96·9	2	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...
February	2,458	253	102·9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
March	2,330	219	94·0	3	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
April	2,242	178	79·4	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
May	2,310	184	79·7	3	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
June	2,266	184	81·2	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
July	2,271	194	85·4	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
August	2,311	209	90·4	5	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	1	...	...	...	...	...	...
September	2,243	205	91·4	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...
October	2,271	201	88·5	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...
November	2,400	214	89·2	3	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...
December	1,518	156	102·8	6	...	...	...	2	1	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	1
						1	...	8	1	...	...	...	...	...	2	...	1	...	...	2	4	1	6*	...	...	...	1	...	2
						Died per 1,000 of the Average Strength.																							
For the year	2,243	201	89·9	29	12·93	·45	...	3·57	·45	...	...	...	...	...	·89	...	·45	...	...	·89	1·78	·45	2·67	...	...	...	·45	...	·89
						Composition of 100 Deaths.																							
						3·4	...	27·6	3·4	...	...	...	...	...	6·9	...	3·4	...	...	6·9	13·8	3·4	20·7	...	...	...	3·4	...	6·9

* Three associated with dysentery.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	1	...	...	...	...	1	·4	·03	100·00
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	1	3	1	2	4	1	1	...	...	...	2	2	17	7·6	·57	42·11
Intermittent Fever	38	25	32	48	52	33	53	56	58	62	71	98	626	279·1	20·91	·15
Remittent Fever	...	1	2	...	1	3	6	7	5	7	1	1	34	15·2	1·14	...
Simple Continued Fever	...	1	7	7	5	2	6	6	5	7	8	5	59	26·3	1·97	...
Other Fevers	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Heat-stroke	...	...	...	...	2	...	...	...	...	...	...	...	2	·9	·07	...
Alcoholism	1	3	...	1	...	5	2	1	1	4	1	...	19	8·5	·63	...
Nervous Diseases	2	1	2	1	2	...	...	1	2	2	2	1	†16	7·1	·53	10·00
Circulatory Diseases	...	1	...	1	1	...	2	1	2	1	2	1	12	5·3	·40	6·67
Tubercle of the lungs	1	...	1	...	...	...	...	...	...	...	1	...	‡3	1·3	·10	...
Pneumonia	1	...	...	...	1	...	...	...	...	1	...	...	3	1·3	·10	...
Other Respiratory Diseases	8	8	3	6	2	4	2	1	1	...	3	4	42	18·7	1·40	4·35
Tonsillitis and Sorethroat	3	5	4	2	5	3	4	...	2	11	2	3	44	19·6	1·47	...
Dysentery	18	9	8	9	7	3	14	13	8	14	7	7	117	52·2	3·91	3·10
Diarrhœa	...	5	5	1	2	1	7	11	6	...	5	4	47	21·0	1·57	2·04
Hepatic Abscess	...	1	...	...	1	1	...	1	2	...	1	1	8	3·6	·27	66·67
Hepatic Congestion and Inflammation	7	4	3	1	5	3	2	6	3	5	2	1	42	18·7	1·40	...
Spleen Diseases	5	1	2	...	...	...	...	...	...	...	...	...	8	3·6	·27	...
Urinary Diseases	...	...	...	...	...	1	...	...	1	...	...	...	2	·9	·07	...
Scurvy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute and Chronic Rheumatism	6	6	4	7	9	...	6	3	1	4	2	3	§51	22·7	1·70	
Venereal Diseases	145	124	97	91	125	82	126	112	92	127	85	69	1,275	568·4	42·59	
Eye Diseases	4	1	1	2	6	2	1	1	...	...	1	3	22	9·8	·73	
Entozoa	...	...	...	...	1	...	...	...	...	...	...	...	1	·4	·03	
Diseases of the Integuments	9	8	13	11	25	19	16	12	13	20	9	8	163	72·7	5·44	
Injuries	11	16	17	6	11	15	7	13	8	12	12	7	135	60·2	4·51	
All other Causes	24	22	22	10	25	21	19	18	16	29	18	21	245	109·2	8·18	
	284	245	224	206	292	199	274	264	226	306	235	239	2,994			·91
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	1334·8			

* Excluding deaths out of hospital. † Neuralgia 8=3·6. ‡ Phthisis pulmonalis 4=1·8. § See Table XXVII.

IX.

TABLE showing the SICKNESS and MORTALITY among the EUROPEAN TROOPS serving in the GANGETIC PLAIN and CHUTIA NAGPUR group of stations during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Valve Disease and Aneurysm.	Other Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Urinary Diseases.	Scurvy.	Injuries.	Suicide.	All other Causes.
January	7,429	906	122·0	6	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	1	...	...	...	...	...	1	...	1
February	7,876	925	117·4	5	...	1	...	1	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	1	...	...
March	7,907	797	100·8	4	...	...	...	2	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...
April	7,628	740	97·0	8	...	...	...	4	...	...	...	...	...	...	...	1	...	...	1	...	1	...	...	...	...	...	...	1	...
May	7,577	854	112·7	22	...	1	...	11	...	...	...	...	...	...	...	...	...	1	2	...	...	...	1	...	...	...	5	...	1
June	7,515	875	116·4	20	...	4	...	9	...	1	...	...	3	...	...	1	...	...	...	...	...	...	1	...	...	...	1	...	...
July	7,487	753	100·6	84	...	76	...	2	...	...	...	...	1	...	...	...	...	...	...	1	2	...	1	...	...	...	1	...	...
August	7,379	699	94·7	76	...	58	...	8	1	1	...	...	...	...	1	...	...	...	...	...	4	...	1	...	...	...	1	...	1
September	7,356	811	110·3	16	...	...	...	7	...	...	...	...	3	...	...	...	...	1	...	...	...	...	1	...	...	...	3	...	1
October	7,591	804	105·9	10	...	...	...	4	...	...	...	...	...	...	...	...	...	1	...	...	...	...	4	...	...	...	...	...	1
November	8,412	815	96·9	3	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...
December	8,127	773	95·1	4	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1	...	...	...	1	...	...
						140	...	49	1	2	...	...	*7	*1	3	2	1	5	4	1	9	...	**11	...	...	...	†15	‡2	5
						Died per 1,000 of the Average Strength.																							
For the year	7,682	813	105·7	258	33·58	18·22	...	6·38	·13	·26	...	...	·91	·13	·39	·26	·13	·65	·52	·13	1·17	...	1·43	...	...	...	1·95	·26	·65
						Composition of 100 Deaths.																							
						54·3	...	19·0	·4	·8	...	...	2·7	·4	1·2	·8	·4	1·9	1·6	·4	3·5	...	4·3	...	...	...	5·8	·8	1·9

* One out of hospital. ** Six associated with dysentery. † Ten out of hospital. ‡ Out of hospital.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	...	...	4	57	13	...	...	...	...	...	...	...	74	9·6	·62	...
Cholera	...	1	...	...	2	5	149	40	...	...	...	...	197	25·6	1·66	71·07
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	2	3	6	27	51	15	14	24	13	13	5	10	183	23·8	1·54	21·21
Intermittent Fever	84	72	95	90	140	160	157	93	303	304	141	66	1,705	221·9	14·36	·06
Remittent Fever	2	2	2	3	10	3	6	3	6	11	3	1	52	6·8	·44	3·39
Simple Continued Fever	2	...	7	10	12	10	5	11	6	9	6	5	83	10·8	·70	...
Other Fevers	3	...	...	...	...	...	...	...	...	...	...	...	3	·4	·03	...
Heat-stroke	...	1	...	...	5	11	3	2	4	...	...	...	26	3·4	·22	23·08
Alcoholism	2	2	...	3	1	1	4	6	6	4	1	...	30	3·9	·25	...
Nervous Diseases	14	7	5	4	4	6	13	8	7	6	3	4	81†	10·5	·68	3·06
Circulatory Diseases	10	6	5	2	8	6	9	14	11	8	4	6	89	11·6	·75	3·23
Tubercle of the lungs	3	1	...	...	4	3	1	6	3	4	2	2	29‡	3·8	·24	11·11
Pneumonia	3	1	1	1	4	2	...	1	...	...	...	1	14	1·8	·12	25·00
Other Respiratory Diseases	21	21	27	12	11	15	20	15	16	17	23	11	209	27·2	1·76	·47
Tonsillitis and Sorethroat	16	16	26	12	15	10	15	11	12	12	8	14	167	21·7	1·41	...
Dysentery	22	8	10	14	13	5	30	69	27	24	21	21	264	34·4	2·22	3·01
Diarrhœa	11	6	11	31	22	20	60	45	30	21	4	6	267	34·8	2·25	...
Hepatic Abscess	...	1	...	1	1	1	...	3	4	2	...	1	14	1·8	·12	73·33
Hepatic Congestion and Inflammation	18	7	10	10	12	7	8	14	17	14	9	11	137	17·8	1·15	...
Spleen Diseases	1	1	1	...	...	...	...	...	...	1	2	...	6	·8	·05	...
Urinary Diseases	1	...	2	1	...	1	...	...	1	2	2	...	10	1·3	·08	...
Scurvy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute and Chronic Rheumatism	14	14	13	14	12	14	13	17	15	11	8	10	155§	20·2	1·31	
Venereal Diseases	551	432	329	425	473	332	359	255	298	502	397	428	4,781	622·4	40·27	
Eye Diseases	15	7	7	11	11	8	7	6	14	3	8	6	103	13·4	·87	
Entozoa	2	...	...	3	2	2	2	...	2	1	...	1	15	2·0	·13	
Diseases of the Integuments	80	46	52	69	72	149	164	109	154	93	63	55	1,106	144·0	9·32	
Injuries	91	82	97	77	92	60	77	47	58	62	62	67	872	113·5	7·35	
All other Causes	88	98	93	77	141	122	135	87	117	102	77	62	1,199	156·1	10·10	
	1,056	835	803	954	1,131	968	1,251	886	1,124	1,226	849	788	11,871			1·92
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	1545·3			

* Excluding deaths out of hospital. † Neuralgia 31 = 4·0. ‡ Phthisis pulmonalis 27 = 3·5. § See Table XXVII.

EUROPEAN TROOPS, 1894.

X.

TABLE showing the SICKNESS and MORTALITY among the EUROPEAN TROOPS serving in the UPPER SUB-HIMALAYAN group of stations during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Valve Disease and Aneurysm.	Other Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Urinary Diseases.	Scurvy.	Injuries.	Suicide.	All other Causes.
January	17,834	2,002	112·3	16	...	...	...	5	1	...	...	...	...	...	2	...	...	...	2	1	1	...	1	...	...	...	1	1	1
February	18,927	1,803	95·3	6	...	...	...	2	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	1	1
March	18,911	1,615	85·4	5	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	...	1	...	1	...	...	...	...
April	14,652	1,194	81·5	13	...	...	...	9	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	1
May	11,395	940	82·5	29	...	...	...	21	...	2	...	...	1	...	...	...	...	...	1	...	...	...	1	...	...	...	2	...	1
June	10,902	893	81·9	22	...	...	...	12	...	1	...	...	5	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	1
July	10,969	900	82·0	13	...	...	...	6	...	1	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...	1	...	2
August	10,979	1,062	96·7	21	...	...	...	11	...	...	...	...	4	...	...	...	...	...	...	...	...	...	1	...	...	...	2	1	2
September	11,048	1,175	106·4	28	...	1	...	11	3	1	...	...	2	...	...	1	...	1	...	...	3	...	4	...	...	...	...	...	1
October	12,654	1,370	108·3	21	...	...	...	9	2	..	...	...	...	...	1	...	...	...	...	1	...	...	3	...	1	...	2	1	1
November	15,483	1,956	126·3	26	...	1	...	14	...	1	...	...	...	...	1	...	...	...	2	1	1	...	...	1	2	...	1	...	1
December	15,542	1,904	122·5	30	...	...	...	7	...	...	...	...	...	...	1	...	...	3	10	...	1	...	2	...	2	...	1	...	3
						*2	...	107	6	7	...	...	**12	...	*5	*1	1	8	16	3	8	...	†14	1	7	...	**13	‡4	15
						Died per 1,000 of the Average Strength.																							
For the year	14,031	1,392	99·3	230	16·39	·14	...	7·63	·43	·50	...	...	·86	...	·36	·07	·07	·57	1·14	·21	·57	...	1·00	·07	·50	...	·93	·29	1·07
						Composition of 100 Deaths.																							
						·9	...	46·5	2·6	3·0	...	...	5·2	...	2·2	·4	·4	3·5	7·0	1·3	3·5	...	6·1	·4	3·0	...	5·7	1·7	6·5

* One out of hospital. ** Two out of hospital. † Ten associated with dysentery. ‡ Out of hospital.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	6	1	2	9	9	1	...	...	...	...	...	...	28	2·0	·12	...
Cholera	...	...	...	...	1	...	...	1	1	...	1	...	4	·3	·02	25·00
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	16	7	12	32	104	23	29	39	25	31	31	33	382	27·2	1·64	23·52
Intermittent Fever	297	177	291	346	395	219	428	940	1,385	1,902	1,052	753	8,185	583·4	35·24	·07
Remittent Fever	5	6	7	10	13	7	14	17	15	10	28	10	142	10·1	·61	4·73
Simple Continued Fever	5	6	6	25	39	28	33	22	20	7	5	3	199	14·2	·86	...
Other Fevers	...	2	1	...	1	...	...	...	...	1	...	...	5	·4	·02	...
Heat-stroke	1	...	...	...	2	28	4	13	2	...	...	...	50	3·6	·22	20·00
Alcoholism	6	2	11	13	7	9	1	1	1	5	1	...	57	4·1	·25	...
Nervous Diseases	14	9	11	5	6	2	4	6	5	6	5	7	80†	5·7	·34	4·12
Circulatory Diseases	20	12	9	1	4	1	7	10	3	11	4	10	92	6·6	·40	·85
Tubercle of the lungs	4	5	1	4	4	3	1	1	...	4	5	5	37‡	2·6	·16	15·38
Pneumonia	15	5	3	6	4	...	2	...	...	3	4	31	73	5·2	·31	16·67
Other Respiratory Diseases	133	57	25	20	17	14	17	9	10	27	35	66	430	30·6	1·85	·62
Tonsillitis and Sorethroat	55	51	52	43	55	23	25	11	17	39	75	44	490	34·9	2·11	...
Dysentery	28	15	21	20	33	20	35	24	31	37	31	27	322	22·9	1·39	2·25
Diarrhœa	31	13	21	55	50	15	42	48	31	43	23	30	402	28·7	1·73	...
Hepatic Abscess	1	1	...	1	2	2	1	2	3	5	2	1	21	1·5	·09	53·85
Hepatic Congestion and Inflammation	18	16	8	10	12	17	23	25	13	12	5	9	168	12·0	·72	·56
Spleen Diseases	5	4	...	1	...	1	4	...	3	3	5	2	28	2·0	·12	...
Urinary Diseases	4	2	2	2	1	2	4	...	1	3	10	8	39	2·8	·17	16·67
Scurvy	1	...	...	...	...	...	...	...	...	1	...	...	2	·1	·01	...
Acute and Chronic Rheumatism	72	44	46	17	20	15	28	18	15	30	37	35	377§	26·9	1·62	
Venereal Diseases	951	757	699	557	489	381	401	303	353	583	627	588	6,689	476·7	28·80	
Eye Diseases	12	8	11	14	10	11	17	5	6	13	10	7	124	8·8	·53	
Entozoa	9	11	6	11	3	6	4	7	5	2	1	3	68	4·8	·29	
Diseases of the Integuments	135	117	106	65	92	88	214	197	126	133	126	81	1,480	105·5	6·37	
Injuries	194	125	161	139	99	62	98	57	59	102	158	166	1,420	101·2	6·11	
All other Causes	203	180	149	125	146	126	176	136	126	165	162	138	1,832	130·6	7·89	
	2,241	1,633	1,661	1,531	1,618	1,104	1,612	1,892	2,256	3,178	2,443	2,057	23,226			·87
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	1655·3			

* Excluding deaths out of hospital. † Neuralgia 38=2·7. ‡ Phthisis pulmonalis 42=3·0. § See Table XXVII.

EUROPEAN TROOPS, 1894.

XI.

TABLE showing the SICKNESS and MORTALITY among the EUROPEAN TROOPS serving in the INDUS VALLEY and NORTH-WESTERN RAJPUTANA group of stations during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Valve Disease and Aneurysm.	Other Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Urinary Diseases.	Scurvy.	Injuries.	Suicide.	All other Causes.
January .	5,919	442	74·7	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
February .	7,145	502	70·3	4	...	...	...	...	.	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1
March .	6,984	490	70·2	1	...	...	...	...	..	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	1	...	...
April .	6,078	452	74·4	1	...	...	...	1	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
May .	5,355	488	91·1	13	...	...	...	11	..	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
June .	4,979	476	95·6	16	...	...	...	10	..	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
July .	4,882	425	87·1	11	...	...	...	6	...	...	...	...	2	...	1	...	...	...	...	...	1	...	...	...	...	...	1	...	...
August .	4,788	435	90·9	12	...	...	...	5	..	...	...	...	5	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...
September .	4,802	610	127·0	10	...	...	...	4	...	...	...	...	3	...	...	1	...	...	...	...	...	...	1	...	...	...	1	...	...
October .	4,982	713	143·1	16	...	...	...	3	...	4	...	...	...	...	...	1	...	...	2	1	1	...	1	...	...	...	1	...	2
November .	5,560	778	139·9	7	...	...	...	1	...	3	...	...	...	...	...	...	...	...	1	...	...	...	1	1	...	..	..	...	...
December .	5,951	673	113·1	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	2	...	1
						...	...	41	...	9	...	...	14*	...	1	2	...	...	7	2	2	2	3	1	1	...	8**	...	7
						Died per 1,000 of the Average Strength.																							
For the year	5,595	539	96·2	100	17·87	...	...	7·33	..	1·61	...	...	2·50	...	·18	·36	..	...	1·25	·36	·36	·36	·54	·18	·18	...	1·43	...	1·25
						Composition of 100 Deaths.																							
						...	...	41·0	...	9·0	...	...	14·0	...	1·0	2·0	...	...	7·0	2·0	2·0	2·0	3·0	1·0	1·0	...	8·0	...	7·0

* One out of hospital. ** Five out of hospital.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.				
Influenza . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever . . .	...	1	5	18	32	26	14	10	6	1	1	4	118	21·1	1·10	32·80
Intermittent Fever . .	205	122	135	230	445	295	256	237	867	1,080	793	600	5,265	941·0	49·13	...
Remittent Fever . .	1	2	2	1	4	8	8	9	14	19	10	10	88	15·7	·82	10·11
Simple Continued Fever .	1	...	4	7	15	8	11	1	3	...	1	...	51	9·1	·48	...
Other Fevers . . .	1	1	...	...	...	...	1	...	...	...	1	...	4	·7	·04	...
Heat-stroke . . .	...	...	...	1	3	28	20	9	6	...	...	...	67	12·0	·63	19·40
Alcoholism . . .	2	1	...	1	1	6	4	4	3	6	2	1	31	5·5	·29	...
Nervous Diseases . .	5	4	5	4	3	5	2	4	9	5	2	...	48†	8·6	·45	1·85
Circulatory Diseases .	3	7	4	7	6	7	6	7	8	4	1	...	60	10·7	·56	2·99
Tubercle of the lungs .	2	2	1	...	...	...	1	1	1	1	2	...	11‡	2·0	·10	...
Pneumonia . . .	5	2	1	2	2	1	...	...	...	4	7	4	28	5·0	·26	20·59
Other Respiratory Diseases	43	23	15	4	12	14	16	2	11	13	52	52	257	45·9	2·40	·69
Tonsillitis and Sorethroat .	15	16	11	16	13	19	15	3	7	15	20	22	172	30·7	1·60	...
Dysentery . . .	13	5	6	6	11	9	6	21	16	21	9	9	132	23·6	1·23	1·43
Diarrhœa . . .	5	3	9	21	17	13	5	15	9	7	12	13	129	23·1	1·20	1·52
Hepatic Abscess . .	...	...	3	1	1	...	...	1	...	2	...	...	8	1·4	·07	33·33
Hepatic Congestion and Inflammation .	7	7	4	8	4	1	7	7	8	5	13	5	76	13·6	·71	1·23
Spleen Diseases . .	3	1	2	2	2	1	2	1	2	5	2	1	24	4·3	·22	...
Urinary Diseases . .	2	1	...	1	...	2	2	...	1	...	...	5	14	2·5	·13	5·88
Scurvy	...	...	...	...	...	1	1	...	...	...	...	...	2	·4	·02	...
Acute and Chronic Rheumatism . . .	21	12	15	8	4	2	5	5	6	8	4	16	106§	18·9	·99	
Venereal Diseases . .	162	163	224	212	237	128	168	129	150	213	156	178	2,120	378·9	19·78	
Eye Diseases . . .	3	1	7	7	8	4	4	4	4	2	5	4	53	9·5	·49	
Entozoa	1	1	2	3	5	5	2	1	3	2	1	...	26	4·6	·24	
Diseases of the Integuments	30	31	48	31	56	64	128	85	67	36	22	28	626	111·9	5·84	
Injuries	35	30	50	40	40	27	34	27	26	27	39	50	425	76·0	3·97	
All other Causes . .	52	65	67	67	79	70	67	56	61	76	53	63	776	138·7	7·24	
	617	501	620	698	1,000	744	785	639	1,288	1,552	1,208	1,065	10,717			·84
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	1,915·5			

* Excluding deaths out of hospital. † Neuralgia 17 = 3·0. ‡ Phthisis pulmonalis 12 = 2·1. § See Table XXVII.

XII.

TABLE showing the SICKNESS and MORTALITY among the EUROPEAN TROOPS serving in the SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, and GUJARAT group of stations during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Valve Disease and Aneurysm.	Other Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Urinary Diseases.	Scurvy.	Injuries.	Suicide.	All other Causes.
January	5,302	622	117·3	1	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...	...	...	...	...	1
February	5,419	602	111·1	4	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	...	1
March	5,569	605	108·6	3	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	1	...	...
April	6,240	682	109·3	5	...	...	...	3	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...
May	6,161	627	101·8	10	...	...	...	6	...	..	...	...	1	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	1
June	6,116	622	101·7	3	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
July	6,112	659	107·8	22	...	...	1	13	...	...	...	...	...	...	1	1	1	...	...	...	2	...	1	...	...	...	1	...	1
August	6,205	752	121·2	16	...	...	...	10	...	...	...	...	...	...	...	1	...	1	...	...	...	...	1	...	...	...	...	1	2
September	6,104	794	130·1	10	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	1	...	1
October	5,981	750	125·4	14	...	...	...	5	1	1	...	...	1	...	...	...	1	1	...	1	1	...	2	...	...	...	...	...	...
November	6,069	725	119·5	4	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	...
December	6,177	648	104·9	6	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	4	...	...	...	1	...	...
						...	1	44	*1	1	...	...	3**	...	3	4	2	3	...	3	5	...	12†	...	...	...	8‡	1*	7
						Died per 1,000 of the Average Strength.																							
For the year	5,956	673	113·2	98	16·45	...	·17	7·39	·17	·17	...	...	·50	...	·50	·67	·34	·50	...	·50	·84	...	2·01	...	...	...	1·34	·17	1·18
						Composition of 100 Deaths.																							
						...	1·0	44·9	1·0	1·0	...	...	3·1	...	3·1	4·1	2·0	3·1	...	3·1	5·1	...	12·2	...	...	...	8·2	1·0	7·1

* With rupture of spleen. ** One out of hospital. † One associated with dysentery. ‡ Five out of hospital.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	...	...	...	1	7	...	...	...	...	...	...	...	8	1·3	·07	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	1	1	1	...	1	...	1	...	...	...	...	5	·8	·04	20·00
Enteric Fever	...	2	4	17	10	4	74	43	17	12	9	2	194	32·6	1·71	21·78
Intermittent Fever	157	88	104	113	136	112	216	344	582	751	464	245	3,312	556·1	29·12	·03
Remittent Fever	...	2	1	1	1	...	12	2	3	3	1	...	26	4·4	·23	3·70
Simple Continued Fever	16	10	15	18	32	22	31	44	39	37	16	4	284	47·7	2·50	...
Other Fevers	1	...	...	...	...	...	...	...	...	...	...	...	1	·2	·01	...
Heat-stroke	...	...	...	...	1	3	...	...	...	1	...	...	5	·8	·04	40·00
Alcoholism	...	4	3	2	1	4	2	4	3	8	4	3	38	6·4	·33	...
Nervous Diseases	1	5	6	12	5	5	7	9	4	5	3	3	65†	10·9	·57	4·00
Circulatory Diseases	6	7	5	6	3	7	8	4	3	7	7	4	67	11·2	·59	7·69
Tubercle of the lungs	...	...	...	1	2	1	2	1	...	1	...	...	8‡	1·3	·07	27·27
Pneumonia	3	2	...	...	2	...	...	...	...	3	...	1	11	1·8	·10	...
Other Respiratory Diseases	35	36	18	12	12	14	22	10	10	19	23	17	228	38·3	2·00	1·25
Tonsillitis and Sorethroat	22	26	31	53	33	21	7	10	8	11	16	26	264	44·3	2·32	...
Dysentery	4	3	6	7	7	2	17	30	13	9	6	10	114	19·1	1·00	4·27
Diarrhœa	8	8	11	13	10	12	31	28	18	6	8	2	155	26·0	1·36	...
Hepatic Abscess	...	...	...	...	...	1	1	2	4	5	1	...	14	2·4	·12	80·00
Hepatic Congestion and Inflammation	9	3	9	12	9	8	7	7	12	11	8	9	104	17·5	·91	...
Spleen Diseases	1	...	...	1	1	1	1	1	...	2	3	2	13	2·2	·11	...
Urinary Diseases	2	...	...	...	1	1	...	1	...	2	...	2	9	1·5	·08	...
Scurvy	...	...	1	...	1	...	...	...	...	1	...	...	3	·5	·03	...
Acute and Chronic Rheumatism	18	11	13	12	23	17	27	15	21	18	10	10	195§	32·7	1·71	
Venereal Diseases	338	362	382	387	433	317	444	246	277	383	251	305	4,125	692·6	36·26	
Eye Diseases	6	5	3	4	6	4	14	5	3	3	4	2	59	9·9	·52	
Entozoa	2	...	2	1	4	...	2	1	1	...	...	2	15	2·5	·13	
Diseases of the Integuments	48	33	37	33	52	65	79	50	41	63	26	31	558	93·7	4·91	
Injuries	59	55	52	56	66	43	60	56	45	54	36	51	633	106·3	5·56	
All other Causes	66	47	59	66	96	77	88	69	63	87	61	83	862	144·7	7·58	
	802	710	763	829	954	742	1,152	983	1,167	1,502	957	814	11,375			·76
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...		1909·8		

* Excluding deaths out of hospital. † Neuralgia 31 = 5·2. ‡ Phthisis pulmonalis 13 = 2·2. § See Table XXVII.

XIII.

TABLE showing the SICKNESS and MORTALITY among the EUROPEAN TROOPS serving in the DECCAN group of stations during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death. Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Valve Disease and Aneurysm.	Other Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Urinary Diseases.	Scurvy.	Injuries.	Suicide.	All other Causes.
January	9,150	862	94·2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
February	8,692	836	96·2	7	...	...	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	1	2
March	9,945	806	81·0	9	...	...	...	6	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	1
April	10,041	760	75·7	6	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1
May	10,184	806	79·1	13	...	1	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1
June	10,202	788	77·2	12	...	1	...	7	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...
July	10,244	790	77·1	11	...	...	...	2	...	...	...	...	...	1	1	...	...	...	...	...	1	...	3	...	1	...	2	...	...
August	10,274	882	85·8	16	...	...	...	9	1	...	...	...	...	...	...	...	1	...	...	...	1	...	1	...	1	...	2	...	...
September	10,248	915	89·3	15	...	...	...	10	1	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	1	1	..
October	10,009	932	93·1	15	...	...	...	4	...	...	...	...	...	...	1	...	1	2	...	...	1	...	2	...	...	...	1	...	3
November	10,136	1,024	101·0	7	...	...	...	4	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	1	...
December	10,152	908	89·4	5	...	...	1	...	...	...	...	...	...	...	...	2	...	...	1	...	...	...	...	...	...	...	1	...	...
						2	2	55	2	...	...	...	2*	1	3	2	3†	4	3	1	3	...	7‡	...	2	...	13§	4‖	8
						Died per 1,000 of the Average Strength.																							
For the year	9,942	859	86·4	117	11·77	·20	·20	5·53	·20	...	...	...	·20	·10	·30	·20	·30	·40	·30	·10	·30	...	·70	...	·20	...	1·31	·40	·80
						Composition of 100 Deaths.																							
						1·7	1·7	47·0	1·7	...	...	...	1·7	·9	2·6	1·7	2·6	3·4	2·6	·9	2·6	...	6·0	...	1·7	...	11·1	3·4	6·8

* One out of hospital. † Two out of hospital. ‡ One associated with dysentery. § Six out of hospital. ‖ Out of hospital.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month. Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.	Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	2	1	...	...	...	...	...	...	3	·3	·02	66·67
Small-pox	...	2	2	1	...	...	1	...	...	...	...	1	7	·7	·06	28·57
Enteric Fever	3	9	10	11	26	16	37	21	29	23	6	6	197	19·8	1·57	27·23
Intermittent Fever	158	140	226	195	276	174	307	250	287	349	206	136	2,704	272·0	21·51	·07
Remittent Fever	4	3	5	6	5	1	13	15	6	14	1	5	78	7·8	·62	...
Simple Continued Fever	18	3	10	11	2	3	4	4	5	2	3	1	66	6·6	·52	...
Other Fevers	2	...	...	...	...	...	1	...	...	...	...	...	3	·3	·02	...
Heat-stroke	...	...	...	1	6	2	...	...	...	...	...	1	10	1·0	·08	10·00
Alcoholism	2	6	6	...	1	...	3	4	5	4	2	6	39	3·9	·31	2·50
Nervous Diseases	8	3	2	5	8	9	11	4	7	7	5	4	73†	7·3	·58	3·70
Circulatory Diseases	6	3	6	1	5	4	4	6	1	2	1	9	48	4·8	·38	5·45
Tubercle of the lungs	1	4	...	1	2	...	2	...	3	5	3	3	24‡	2·4	·19	12·50
Pneumonia	3	1	5	3	2	...	...	2	...	2	2	3	23	2·3	·18	11·54
Other Respiratory Diseases	37	11	15	13	22	14	13	20	17	25	34	12	233	23·4	1·85	·40
Tonsillitis and Sorethroat	26	23	21	31	33	10	10	6	9	13	14	21	217	21·8	1·73	...
Dysentery	7	15	15	10	13	12	30	27	27	34	16	20	226	22·7	1·80	1·27
Diarrhœa	5	2	6	7	6	8	5	7	18	9	8	3	84	8·4	·67	...
Hepatic Abscess	1	2	1	1	2	2	1	1	3	...	1	...	15	1·5	·12	35·00
Hepatic Congestion and Inflammation	8	12	8	10	17	11	19	16	26	23	17	13	180	18·1	1·43	...
Spleen Diseases	1	3	...	...	...	1	2	...	2	...	1	...	10	1·0	·08	...
Urinary Diseases	2	1	1	1	2	1	3	...	1	1	3	1	17	1·7	·14	11·11
Scurvy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute and Chronic Rheumatism	16	14	12	14	36	19	31	16	14	14	16	14	216§	21·7	1·72	
Venereal Diseases	507	403	393	410	470	311	428	387	451	574	505	457	5,296	532·7	42·13	
Eye Diseases	13	5	12	8	10	5	10	8	14	16	5	10	116	11·7	·92	
Entozoa	...	2	5	1	2	1	...	2	...	2	5	...	20	2·0	·16	
Diseases of the Integuments	51	47	50	41	54	49	62	39	59	76	58	57	643	64·7	5·11	
Injuries	64	52	75	83	84	54	62	54	60	84	79	105	856	86·1	6·81	
All other Causes	113	68	101	97	124	101	97	95	81	106	85	100	1,168	117·5	9·29	
	1,056	834	987	962	1,210	809	1,156	984	1,125	1,385	1,076	988	12,572			·78
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	1,264·5			

* Excluding deaths out of hospital. † Neuralgia 33 = 3·3. ‡ Phthisis pulmonalis 26 = 2·6. § See Table XXVII.

XIV.

TABLE showing the SICKNESS and MORTALITY among the EUROPEAN TROOPS serving in the WESTERN COAST group of stations during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	CAUSES OF DEATH.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Valve Disease and Aneurysm.	Other Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Urinary Diseases.	Scurvy.	Injuries.	Suicide.	All other Causes.
January	1,681	145	86·3	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
February	2,506	152	60·7	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	1	...	1
March	1,627	131	80·5	4	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1
April	1,603	121	75·5	4	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	1	...	...	...	...	...	1	...	...
May	1,549	115	74·2	5	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	...
June	1,493	100	67·0	2	...	...	...	...	...	...	...	..	...	...	...	...	1	...	..	...	...	1	...	...	...	...	...	...	...
July	1,509	108	71·6	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
August	1,529	122	79·8	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
September	1,577	131	83·1	1	...	...	...	1	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
October	1,920	140	72·9	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...
November	1,693	137	80·9	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	..	...	...	...	...	...	...	...	...	...	...
December	1,783	138	77·4	3	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...
						...	...	2	1	1	1	...	2	...	...	...	3*	1	...	...	2	1*	3	...	2	...	6†	...	2
						Died per 1,000 of the Average Strength.																							
For the year	1,704	128	75·2	27	15·85	...	...	1·17	·59	·59	·59	...	1·17	...	...	...	1·76	·59	...	...	1·17	·59	1·76	...	1·17	...	3·52	...	1·17
						Composition of 100 Deaths.																							
						...	...	7·4	3·7	3·7	3·7	...	7·4	...	...	...	11·1	3·7	...	...	7·4	3·7	11·1	...	7·4	...	22·2	...	7·4

* One out of hospital. † Four out of hospital.

CAUSES OF ADMISSION.	NUMBER OF ADMISSIONS INTO HOSPITAL IN EACH MONTH.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	...	1	1	2	1	1	...	1	...	...	7	4·1	·35	28·57
Intermittent Fever	20	17	20	23	37	14	14	20	22	50	28	15	280	164·3	14·13	·35
Remittent Fever	...	...	1	...	...	...	...	6	3	9	2	2	23	13·5	1·16	4·35
Simple Continued Fever	6	12	3	3	2	3	8	7	6	5	8	6	69	40·5	3·48	1·33
Other Fevers	...	...	1	...	...	...	...	...	...	...	...	1	2	1·2	·10	...
Heat-stroke	...	...	...	...	1	...	...	...	...	...	...	1	2	1·2	·10	100·00
Alcoholism	1	1	2	...	...	...	1	...	...	...	...	...	5	2·9	·25	...
Nervous Diseases	1	4	...	...	2	3	1	3	...	2	1	...	17†	10·0	·86	...
Circulatory Diseases	...	1	...	1	...	2	...	...	...	...	...	1	5	2·9	·25	40·00
Tubercle of the lungs	...	1	...	...	...	...	...	2	...	1	...	...	4‡	2·3	·20	20·00
Pneumonia	...	...	...	...	...	...	...	...	...	1	...	...	1	·6	·05	...
Other Respiratory Diseases	4	4	4	2	1	4	3	2	2	5	2	2	35	20·5	1·77	...
Tonsillitis and Sorethroat	5	7	1	3	2	1	2	1	5	1	1	9	38	22·3	1·92	...
Dysentery	1	2	2	1	2	1	7	2	1	4	1	3	27	15·8	1·36	7·41
Diarrhœa	...	2	...	...	3	2	1	...	4	1	4	3	20	11·7	1·01	...
Hepatic Abscess	...	...	...	...	1	1	...	...	...	...	1	...	3	1·8	·15	100·00
Hepatic Congestion and Inflammation	3	3	6	...	4	2	2	2	1	2	3	...	28	16·4	1·41	...
Spleen Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Urinary Diseases	...	1	...	...	...	...	2	1	...	...	...	...	4	2·3	·20	50·00
Scurvy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute and Chronic Rheumatism	3	4	4	2	2	4	5	1	3	2	1	1	32§	18·8	1·62	
Venereal Diseases	66	116	55	65	69	48	79	59	63	84	86	69	859	504·1	43·36	
Eye Diseases	3	5	1	1	1	1	5	...	1	2	...	4	24	14·1	1·21	
Entozoa	...	...	...	1	...	...	...	...	1	...	...	...	2	1·2	·10	
Diseases of the Integuments	15	13	6	10	13	12	11	12	6	15	14	11	138	81·0	6·97	
Injuries	17	23	10	11	16	11	12	12	17	15	10	13	167	98·0	8·43	
All other Causes	14	18	8	11	18	18	12	22	15	16	19	18	189	110·9	9·54	
	159	234	124	135	175	129	166	153	150	216	181	159	1,981			1·00
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	1,162·6			

* Excluding deaths out of hospital. † Neuralgia 9 = 5·3. ‡ Phthisis pulmonalis 5 = 2·9. § See Table XXVII.

XV.

TABLE showing the SICKNESS and MORTALITY among the EUROPEAN TROOPS serving in the SOUTHERN INDIA group of stations during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Valve Disease and Aneurysm.	Other Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Urinary Diseases.	Scurvy.	Injuries.	Suicide.	All other Causes.
January	3,516	344	97·8	2	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...
February	3,524	335	95·1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...
March	3,682	323	87·7	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
April	3,599	285	79·2	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
May	3,582	316	88·2	12	...	...	...	4	...	1	...	...	2	...	1	1	...	...	1	...	...	...	...	...	...	...	...	...	2
June	3,585	310	86·5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
July	3,565	290	81·3	3	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...
August	3,762	253	67·3	3	...	...	...	2	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
September	3,804	246	64·7	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
October	3,731	267	71·6	5	...	...	...	3	...	...	...	...	1	...	..	...	...	...	...	...	...	...	...	...	...	...	...	1	...
November	3,798	292	76·9	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	1	...	...
December	3,884	285	73·4	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
						...	...	13*	...	1	...	...	3	...	1	2	...	...	3	...	1	...	3	...	...	...	2†	2†	2‡
						Died per 1,000 of the Average Strength.																							
For the year	3,667	295	80·5	33	9·00	...	...	3·55	...	·27	...	...	·82	...	·27	·55	...	...	·82	...	·27	...	·82	...	...	...	·55	·55	·55
						Composition of 100 Deaths.																							
						...	...	39·4	...	3·0	...	...	9·1	...	3·0	6·1	...	...	9·1	...	3·0	...	9·1	...	...	...	6·1	6·1	6·1

* One out of hospital. † Out of hospital. ‡ One Influenza.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.				
Influenza	...	...	2	...	57	19	5	1	...	2	...	...	86	23·5	2·09	1·16
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	1	2	4	5	4	5	7	9	9	3	...	49	13·4	1·19	23·53
Intermittent Fever	12	16	49	34	32	26	30	13	34	38	34	35	353	96·3	8·56	...
Remittent Fever	...	...	...	2	15	1	3	4	1	4	2	1	33	9·0	·80	2·94
Simple Continued Fever	16	26	17	44	30	6	6	15	11	15	8	5	199	54·3	4·83	...
Other Fevers	1	...	...	2	...	...	...	...	...	...	...	...	3	·8	·07	...
Heat-stroke	...	...	...	...	4	3	...	...	...	1	...	...	8	2·2	·19	37·50
Alcoholism	2	...	3	2	4	5	1	1	...	3	...	1	22	6·0	·53	...
Nervous Diseases	3	2	3	...	3	1	4	1	...	3	1	...	21†	5·7	·51	4·00
Circulatory Diseases	2	...	1	2	2	2	...	2	...	4	...	1	16	4·4	·39	11·11
Tubercle of the lungs	1	...	2	1	...	...	...	1	...	3	...	1	9‡	2·5	·22	...
Pneumonia	...	2	...	2	5	...	2	...	1	3	1	...	16	4·4	·39	18·75
Other Respiratory Diseases	8	7	3	10	13	3	3	8	...	5	7	8	75	20·5	1·82	...
Tonsillitis and Sorethroat	7	10	13	5	7	10	7	5	5	9	6	6	90	24·5	2·18	...
Dysentery	6	7	11	8	8	5	11	4	5	15	9	10	99	27·0	2·40	·93
Diarrhœa	...	...	...	1	...	...	...	...	5	4	2	1	13	3·5	·32	...
Hepatic { Abscess	...	2	...	...	...	1	1	...	...	...	2	1	7	1·9	·17	42·86
Hepatic { Congestion and Inflammation	10	9	5	4	12	5	7	10	6	10	5	9	92	25·1	2·23	...
Spleen Diseases	...	...	...	...	...	...	1	1	...	...	2	...	4	1·1	·10	...
Urinary Diseases	...	1	...	...	...	1	...	...	...	...	...	1	3	·8	·07	...
Scurvy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute and Chronic Rheumatism	6	2	2	2	6	10	3	3	4	5	4	8	55§	15·0	1·33	
Venereal Diseases	220	166	150	161	151	115	149	112	110	154	95	126	1,709	466·0	41·46	
Eye Diseases	6	2	4	1	6	4	1	6	2	1	8	7	48	13·1	1·16	
Entozoa	...	...	2	1	1	3	...	1	...	...	...	...	8	2·2	·19	
Diseases of the Integuments	23	23	21	18	25	27	31	14	16	40	22	14	274	74·7	6·65	
Injuries	32	27	30	28	18	29	39	14	25	37	26	33	338	92·2	8·20	
All other Causes	42	48	47	43	63	54	41	29	18	32	47	28	492	134·2	11·94	
	397	351	367	375	467	334	350	252	252	397	284	296	4,122			·63
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	1,124·1			

* Excluding deaths out of hospital. † Neuralgia 11=3·0. ‡ Phthisis pulmonalis 10=2·7. § See Table XXVII.

XVI.

TABLE showing the SICKNESS and MORTALITY among the EUROPEAN TROOPS serving in the HILL STATIONS of INDIA during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Valve Disease and Aneurysm.	Other Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Urinary Diseases.	Scurvy.	Injuries.	Suicide.	All other Causes.
January	4,294	329	76·6	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	1	...	...	...	...	...	...	...	2
February	3,671	291	79·3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	1	...	...
March	4,740	333	70·3	3	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
April	10,342	820	79·3	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
May	14,862	1,233	83·0	17	...	...	...	12	...	...	...	...	...	...	...	...	...	1	1	...	...	...	2	...	...	...	...	...	1
June	15,805	1,388	87·8	16	...	...	...	15	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
July	15,592	1,336	85·7	26	...	...	...	14	...	...	...	...	...	...	1	1	...	1	...	...	2	...	2	...	...	...	...	1	4
August	15,401	1,315	85·4	14	...	...	...	9	...	...	...	...	...	...	...	1	...	1	...	...	...	...	2	...	1	...	...	...	...
September	15,154	1,268	83·7	16	...	...	...	8	...	...	...	...	...	...	1	2	...	1	1	...	2	...	...	...	...	...	...	...	1
October	11,227	978	87·1	5	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...
November	4,156	439	105·6	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	1
December	3,895	318	81·6	4	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	1	...	...	...	...
						...	...	63	...	...	...	...	1*	...	2	4*	...	5	13	1	6	...	7†	...	3	...	1*	1*	10
						Died per 1,000 of the Average Strength.																							
For the year	10,026	845	84·3	117	11·67	...	...	6·28	...	...	...	...	·10	...	·20	·40	...	·50	1·30	·10	·60	...	·70	...	·30	...	·10	·10	1·00
						Composition of 100 Deaths.																							
						...	...	53·8	...	...	...	...	·9	...	1·7	3·4	...	4·3	11·1	·9	5·1	...	6·0	...	2·6	...	·9	·9	8·5

* One out of hospital.

† Three associated with dysentery.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.				
Influenza	...	8	4	3	15	10	2	1	...	...	...	...	43	4·3	·32	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	2	...	2	23	63	58	47	25	19	9	3	1	252	25·1	1·89	24·42
Intermittent Fever	133	103	95	179	382	332	298	479	642	469	167	90	3,369	336·0	25·26	...
Remittent Fever	2	...	2	7	14	15	8	11	17	5	...	1	82	8·2	·61	...
Simple Continued Fever	...	1	10	26	35	46	36	52	13	6	...	1	226	22·5	1·69	...
Other Fevers	...	...	...	2	...	1	2	...	...	...	...	...	5	·5	·04	...
Heat-stroke	...	...	1	...	...	...	...	...	2	1	1	...	5	·5	·04	...
Alcoholism	1	1	...	5	4	5	6	2	6	3	...	...	33	3·3	·25	...
Nervous Diseases	3	2	7	2	10	5	14	8	5	1	1	1	59†	5·9	·44	2·94
Circulatory Diseases	2	1	...	2	6	8	14	12	8	8	3	1	65	6·5	·49	4·48
Tubercle of the lungs	...	...	1	3	2	1	3	3	...	1	...	...	14‡	1·4	·10	25·00
Pneumonia	9	6	5	2	8	4	2	...	2	1	2	5	46	4·6	·34	20·63
Other Respiratory Diseases	65	39	19	18	21	17	21	13	26	28	25	16	308	30·7	2·31	·30
Tonsillitis and Sorethroat	15	7	21	57	182	132	61	47	53	37	13	9	634	63·2	4·75	...
Dysentery	8	5	10	14	39	33	42	24	16	15	4	7	217	21·6	1·63	2·68
Diarrhœa	3	1	3	7	15	22	60	25	15	9	4	2	166	16·6	1·24	...
Hepatic { Abscess	...	...	...	...	3	1	3	1	...	...	...	1	9	·9	·07	63·64
Hepatic { Congestion and Inflammation	6	6	2	10	26	23	17	14	16	9	...	1	130	13·0	·97	...
Spleen Diseases	2	...	1	...	1	1	1	...	2	...	...	...	8	·8	·06	...
Urinary Diseases	...	1	...	1	3	2	5	3	3	4	...	2	24	2·4	·18	12·00
Scurvy	...	...	...	...	1	...	...	...	...	...	...	...	1	·1	·01	...
Acute and Chronic Rheumatism	14	14	14	37	49	30	56	38	26	23	12	17	330§	32·9	2·47	
Venereal Diseases	89	63	339	481	739	496	637	396	408	441	125	122	4,336	432·5	32·51	
Eye Diseases	5	6	7	12	16	9	6	11	14	8	1	4	99	9·9	·74	
Entozoa	4	1	...	2	5	1	4	3	...	7	...	...	27	2·7	·20	
Diseases of the Integuments	16	9	20	48	78	61	79	53	61	49	23	10	507	50·6	3·80	
Injuries	36	37	44	99	137	109	153	117	124	95	20	36	1,007	100·4	7·55	
All other Causes	59	52	48	119	190	137	201	148	164	132	35	52	1,337	133·4	10·02	
	474	363	655	1,159	2,044	1,559	1,778	1,486	1,642	1,361	439	379	13,339			·83
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	1,330·4			

*Excluding deaths out of hospital. † Neuralgia 28 = 2·8. ‡ Phthisis pulmonalis 18 = 1·8. § See Table XXVII.

XVII.

TABLE showing the SICKNESS and MORTALITY among the EUROPEAN TROOPS serving in the HILL CONVALESCENT DEPÔTS of INDIA during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Valve Disease and Aneurysm.	Other Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Urinary Diseases.	Scurvy.	Injuries.	Suicide.	All other Causes.
January	488	47	96·3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
February	454	43	94·7	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
March	899	82	91·2	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
April	2,552	239	93·7	4	...	...	...	3	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
May	3,657	344	94·1	15	...	...	...	9	...	...	...	...	...	...	...	...	...	...	2	1	...	...	2	...	...	...	...	...	1
June	3,712	352	94·8	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	1	...	...	...	...	3
July	3,667	327	89·2	6	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	3
August	3,723	324	87·0	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
September	3,485	303	86·9	6	...	...	...	3	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
October	2,190	193	88·1	3	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	1
November	692	65	93·9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
December	486	35	72·0	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
						...	...	18	...	1	...	...	...	...	1	...	...	...	4	2	...	...	8*	1	1	...	...	...	9
						Died per 1,000 of the Average Strength.																							
For the year	2,189	198	90·5	45	20·56	...	...	8·22	...	·46	..	...	..	...	·46	...	...	...	1·83	·91	...	...	3·65	·46	·46	...	...	...	4·11
						Composition of 100 Deaths.																							
						...	...	40·0	...	2·2	...	...	...	...	2·2	...	...	...	8·9	4·4	...	...	17·8	2·2	2·2	...	...	...	20·0

* Six associated with dysentery.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.				
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	...	7	15	9	1	5	3	2	...	...	42	19·2	1·50	42·86
Intermittent Fever	5	4	18	57	107	83	75	77	43	29	8	10	516	235·7	18·38	...
Remittent Fever	...	...	1	5	3	1	2	1	3	...	...	...	16	7·3	·57	6·25
Simple Continued Fever	1	2	...	2	2	...	6	...	...	3	...	...	16	7·3	·57	...
Other Fevers	...	...	...	...	1	...	...	...	...	...	...	...	1	·5	·04	...
Heat-stroke	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Alcoholism	...	...	1	2	...	...	1	...	...	1	...	...	5	2·3	·18	...
Nervous Diseases	...	2	2	1	1	3	4	2	3	...	...	...	18†	8·2	·64	5·00
Circulatory Diseases	...	1	2	3	7	10	7	7	9	...	2	2	50	22·8	1·78	...
Tubercle of the lungs	2	1	...	1	1	3	2	3	4	...	...	...	17‡	7·8	·61	...
Pneumonia	...	1	1	2	2	1	...	1	...	...	1	...	9	4·1	·32	40·00
Other Respiratory Diseases	...	1	4	6	9	7	11	3	2	5	...	1	49	22·4	1·75	4·00
Tonsillitis and Sorethroat	1	...	2	26	57	28	12	4	4	5	...	...	139	63·5	4·95	...
Dysentery	...	...	5	8	9	7	6	4	7	2	1	...	49	22·4	1·75	...
Diarrhœa	1	...	...	6	8	10	20	15	7	3	...	...	70	32·0	2·49	...
Hepatic { Abscess	...	1	...	...	2	...	3	3	...	...	...	...	9	4·1	·32	80·00
Hepatic { Congestion and Inflammation	1	2	1	3	14	4	9	4	3	4	1	1	47	21·5	1·67	2·13
Spleen Diseases	1	...	...	1	4	3	2	2	...	..	3	...	16	7·3	·57	...
Urinary Diseases	...	...	2	2	...	1	...	1	...	...	...	...	6	2·7	·21	16·67
Scurvy	...	...	...	...	...	...	1	1	1	...	...	...	3	1·4	·11	...
Acute and Chronic Rheumatism	...	1	2	9	10	8	22	11	4	5	3	2	77§	35·2	2·74	
Venereal Diseases	19	9	66	154	157	103	126	97	71	75	18	7	902	412·1	32·13	
Eye Diseases	...	...	...	9	9	2	4	4	3	2	...	...	33	15·1	1·18	
Entozoa	...	...	1	2	1	...	1	1	1	1	...	...	8	3·7	·29	
Diseases of the Integuments	...	4	6	10	29	18	21	10	20	8	2	1	129	58·9	4·60	
Injuries	...	3	7	20	28	36	24	25	32	18	9	3	205	93·7	7·30	
All other Causes	10	5	22	36	58	52	57	50	51	26	5	3	375	171·3	13·36	
	41	37	143	372	534	389	417	331	271	189	53	30	2,807			1·58
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	1,282·3			

* Excluding deaths out of hospital. † Neuralgia 9=4·1. ‡ Phthisis pulmonalis 18=8·2. § See Table XXVII.

XVIII.

COMPARATIVE STATEMENT of the RATIOS of SICKNESS and MORTALITY among the EUROPEAN TROOPS serving in the various GROUPS of STATIONS of INDIA during the year 1894.

	RATIO PER 1,000 OF STRENGTH.											
	I	II	IV	V	VI	VII	VIII	IX	X	XI	XIIa	XIIb
	Burma Coast and Bay Islands.	Burma Inland.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalayan.	Indus Valley and N.-W. Rajputana.	S. E. Rajputana, C. India and Gujarat.	Deccan.	Western Coast.	Southern India.	Hill Stations.	Hill Convalescent Depôts.
I.—Average Strength of the Year	1,133	2,641	2,243	7,682	14,031	5,595	5,956	9,942	1,704	3,667	10,026	2,189
II.—Constantly-sick-rate of—												
January	146·4	107·3	96·9	122·0	112·3	74·7	117·3	94·2	86·3	97·8	76·6	96·3
February	161·8	113·3	102·9	117·4	95·3	70·3	111·1	96·2	60·7	95·1	79·3	94·7
March	113·6	101·5	94·0	100·8	85·4	70·2	108·6	81·0	80·5	87·7	70·3	91·2
April	97·8	89·6	79·4	97·0	81·5	74·4	109·3	75·7	75·5	79·2	79·3	93·7
May	85·3	82·1	79·7	112·7	82·5	91·1	101·8	79·1	74·2	88·2	83·0	94·1
June	78·1	87·0	81·2	116·4	81·9	95·6	101·7	77·2	67·0	86·5	87·8	94·8
July	74·6	98·2	85·4	100·6	82·0	87·1	107·8	77·1	71·6	81·3	85·7	89·2
August	76·4	98·9	90·4	94·7	96·7	90·9	121·2	85·8	79·8	67·3	85·4	87·0
September	78·1	103·9	91·4	110·3	106·4	127·0	130·1	89·3	83·1	64·7	83·7	86·9
October	74·5	82·6	88·5	105·9	108·3	143·1	125·4	93·1	72·9	71·6	87·1	88·1
November	108·8	87·7	89·2	96·9	126·3	139·9	119·5	101·0	80·9	76·9	105·6	93·9
December	85·6	87·5	102·8	95·1	122·5	113·1	104·9	89·4	77·4	73·4	81·6	72·0
Of the Year	97·5	94·8	89·9	105·7	99·3	96·2	113·2	86·4	75·2	80·5	84·3	90·5
III.—Admission-rate of the Year.												
Influenza	4·4	...	...	9·6	2·0	...	1·3	...	...	23·5	4·3	...
Cholera	...	·4	·4	25·6	·3	...	...	·3	...	...	...	...
Small-pox	...	...	...	...	...	...	·8	·7	...	...	...	...
Enteric Fever	2·6	5·3	7·6	23·8	27·2	21·1	32·6	19·8	4·1	13·4	25·1	19·2
Intermittent Fever	444·8	286·6	279·1	221·9	583·4	941·0	556·1	272·0	164·3	96·3	336·0	235·7
Remittent Fever	1·8	21·6	15·2	6·8	10·1	15·7	4·4	7·8	13·5	9·0	8·2	7·3
Simple Continued Fever	89·1	1·9	26·3	10·8	14·2	9·1	47·7	6·6	40·5	54·3	22·5	7·3
Other Fevers	...	...	...	·4	·4	·7	·2	·3	1·2	·8	·5	·5
Heat-stroke	...	3·4	·9	3·4	3·6	12·0	·8	1·0	1·2	2·2	·5	...
Alcoholism	·9	4·5	8·5	3·9	4·1	5·5	6·4	3·9	2·9	6·0	3·3	2·3
Nervous Diseases	9·7	10·2	7·1	10·5	5·7	8·6	10·9	7·3	10·0	5·7	5·9	8·2
Circulatory Diseases	1·8	5·7	5·3	11·6	6·6	10·7	11·2	4·8	2·9	4·4	6·5	22·8
Tubercle of the lungs	1·8	2·7	1·3	3·8	2·6	2·0	1·3	2·4	2·3	2·5	1·4	7·8
Pneumonia	3·5	1·9	1·3	1·8	5·2	5·0	1·8	2·3	·6	4·4	4·6	4·1
Other Respiratory Diseases	25·6	22·0	18·7	27·2	30·6	45·9	38·3	23·4	20·5	20·5	30·7	22·4
Tonsillitis and Sorethroat	10·6	20·4	19·6	21·7	34·9	30·7	44·3	21·8	22·3	24·5	63·2	63·5
Dysentery	60·9	38·6	52·2	34·4	22·9	23·6	19·1	22·7	15·8	27·0	21·6	22·4
Diarrhœa	1·8	3·8	21·0	34·8	28·7	23·1	26·0	8·4	11·7	3·5	16·6	32·0
Hepatic Abscess	4·4	·8	3·6	1·8	1·5	1·4	2·4	1·5	1·8	1·9	·9	4·1
Hepatic Congestion and Inflammation	26·5	32·2	18·7	17·8	12·0	13·6	17·5	18·1	16·4	25·1	13·0	21·5
Spleen Diseases	...	...	3·6	·8	2·0	4·3	2·2	1·0	...	1·1	·8	7·3
Urinary Diseases	4·4	1·1	·9	1·3	2·8	2·5	1·5	1·7	2·3	·8	2·4	2·7
Scurvy	...	...	...	...	·1	·4	·5	...	...	...	·1	1·4
Acute and Chronic Rheumatism	37·1	31·0	22·7	20·2	26·9	18·9	32·7	21·7	18·8	15·0	32·9	35·2
Venereal Diseases	485·4	575·2	568·4	622·4	476·7	378·9	692·6	532·7	504·1	466·0	432·5	412·1
Eye Diseases	7·1	8·0	9·8	13·4	8·8	9·5	9·9	11·7	14·1	13·1	9·9	15·1
Entozoa	·9	2·7	·4	2·0	4·8	4·6	2·5	2·0	1·2	2·2	2·7	3·7
Diseases of the Integuments	114·7	112·5	72·7	144·0	105·5	111·9	93·7	64·7	81·0	74·7	50·6	58·9
Injuries	93·6	105·6	60·2	113·5	101·2	76·0	106·3	86·1	98·0	92·2	100·4	93·7
All other Causes	106·8	169·6	109·2	156·1	130·6	138·7	144·7	117·5	110·9	134·2	133·4	171·3
All Causes	1,540·2	1,467·6	1,334·8	1,545·3	1,655·3	1,915·5	1,909·8	1,264·5	1,162·6	1,124·1	1,330·4	1,282·3
IV.—Death-rate of the Year.												
Cholera	...	·38	·45	18·22	·14	...	...	·20	...	...	...	...
Small-pox	...	...	...	...	...	...	·17	·20	...	...	...	...
Enteric Fever	·88	1·89	3·57	6·38	7·63	7·33	7·39	5·53	1·17	3·55	6·28	8·22
Intermittent Fever	...	·38	·45	·13	·43	...	·17	·20	·59	...	...	...
Remittent Fever	·88	1·14	...	·26	·50	1·61	·17	...	·59	·27	...	·46
Simple Continued Fever	...	...	...	...	...	...	...	...	·59	...	...	...
Other Fevers	...	...	...	...	...	...	...	...	...	...	...	...
Heat-stroke	...	·38	...	·91	·86	2·50	·50	·20	1·17	·82	·10	...
Alcoholism	...	·38	...	·13	...	...	...	·10	...	...	...	...
Nervous Diseases	...	...	·89	·39	·36	·18	·50	·30	...	·27	·20	·46
Valve Disease and Aneurysm	...	...	...	·26	·07	·36	·67	·20	...	·55	·40	...
Other Circulatory Diseases	...	...	·45	·13	·07	...	·34	·30	1·76	...	...	...
Tubercle of the lungs	...	...	...	·65	·57	...	·50	·40	·59	...	·50	...
Pneumonia	·88	...	...	·52	1·14	1·25	...	·30	...	·82	1·30	1·83
Other Respiratory Diseases	...	...	·89	·13	·21	·36	·50	·10	...	...	·10	·91
Dysentery	1·77	...	1·78	1·17	·57	·36	·84	·30	1·17	·27	·60	...
Diarrhœa	...	...	·45	...	...	·36	...	...	·59	...	...	...
Hepatic Abscess	4·41	...	2·67	1·43	1·00	·54	2·01	·70	1·76	·82	·70	3·65
Hepatic Congestion and Inflammation	...	...	...	...	·07	·18	...	...	...	...	...	·46
Urinary Diseases	·88	...	...	...	·50	·18	...	·20	1·17	...	·30	·46
Scurvy	...	...	...	...	...	...	...	...	...	...	...	...
Injuries	2·65	1·51	·45	1·95	·93	1·43	1·34	1·31	3·52	·55	·10	...
Suicide	1·77	·38	...	·26	·29	...	·17	·40	...	·55	·10	...
All other Causes	2·65	·38	·89	·65	1·07	1·25	1·18	·80	1·17	·55	1·00	4·11
All Causes	16·77	6·82	12·93	33·58	16·39	17·87	16·45	11·77	15·85	9·00	11·67	20·56
V.—Fatality.												
Cholera	...	100·00	100·00	71·07	25·00	...	...	66·67	...	...	...	...
Enteric Fever	12·50	35·71	42·11	21·21	23·52	32·80	21·78	27·23	28·57	23·53	24·42	42·86
Remittent Fever	50·00	5·17	...	3·39	4·73	10·11	3·70	...	4·35	2·94	...	6·25
Simple Continued Fever	...	...	...	...	...	...	...	...	1·33	...	...	...
Heat-stroke	...	11·11	...	23·08	20·00	19·40	40·00	10·00	100·00	37·50	...	...
Tubercle of the lungs	...	...	...	11·11	15·38	...	27·27	12·50	20·00	...	25·00	...
Pneumonia	20·00	...	...	25·00	16·67	20·59	...	11·54	...	18·75	20·63	40·00
Other Respiratory Diseases	...	...	4·35	·47	·62	·69	1·25	·40	...	...	·30	4·00
Dysentery	2·67	...	3·10	3·01	2·25	1·43	4·27	1·27	7·41	·93	2·68	...
Hepatic Abscess	100·00	...	66·67	73·33	53·85	33·33	80·00	35·00	100·00	42·86	63·64	80·00
Hepatic Congestion and Inflammation	...	...	...	...	·56	1·23	...	...	...	...	...	2·13

EUROPEAN TROOPS, 1894.

XIX.

TABLE showing the General Statistics of SICKNESS and MORTALITY in the Military STATIONS of the three Presidencies.

STATIONS.	Average Annual Strength.	Average Number constantly sick per 1,000 of Average Strength in each Month.												Constantly sick per 1,000 of strength.	Admitted per 1,000 of strength.	Died per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.			
Port Blair	141	35·0	28·0	14·0	42·0	42·0	35·2	14·1	14·0	22·4	22·9	62·9	62·9	33·1	1,099·3	...
Rangoon	992	163·3	181·3	129·6	106·5	91·2	83·7	82·6	84·6	84·7	81·8	116·3	89·1	106·7	1,602·8	19·15
Thayetmyo	558	78·1	70·8	87·5	93·0	92·3	87·3	93·0	74·1	58·2	43·4	67·4	61·3	75·5	1,284·9	12·54
Meiktila	338	108·4	112·9	105·1	63·0	60·6	81·2	90·7	96·6	111·8	99·7	91·4	93·8	93·0	1,553·3	5·92
Fort Dufferin (Mandalay)	995	135·6	158·1	120·7	101·7	89·7	100·7	117·4	120·6	141·7	102·9	108·7	118·8	117·9	1,513·6	6·03
Shwebo	486	123·9	106·1	104·5	97·8	87·9	83·0	87·3	94·9	85·0	76·8	69·1	61·5	88·7	1,543·2	4·12
Bhamo	264	39·2	55·4	59·3	52·0	48·7	49·2	64·9	77·8	82·0	73·2	82·8	66·4	62·5	1,431·8	3·79
Fort William	1,108	92·1	106·3	93·9	78·8	70·9	72·3	66·0	73·3	71·1	76·2	68·7	80·1	79·4	1,093·9	5·42
,, Fulta	21	...	...	...	...	...	...	...	...	...	...	...	9·4	3·9	904·8	...
,, Chingri Khal	23	10·2	...	...	...	...	...	...	...	...	...	...	42·6	18·4	1,869·6	...
Dum Dum	761	93·4	83·7	81·9	66·9	75·5	60·2	78·9	94·2	89·1	80·6	100·2	126·0	84·4	1,240·5	17·08
Barrackpore	330	225·3	168·3	131·4	106·4	114·0	150·4	159·3	133·2	164·2	148·8	165·0	166·7	148·2	2,351·5	30·30
Dinapore	998	134·6	163·6	126·7	115·9	152·8	178·4	131·4	97·7	108·9	113·5	86·1	74·2	124·0	1,980·0	24·05
Benares	406	141·3	129·0	102·1	113·4	119·0	132·5	119·4	134·3	138·1	130·8	104·2	85·4	120·1	2,140·4	32·02
Fyzabad	895	325·4	133·6	86·5	88·3	114·2	117·3	117·8	117·8	116·2	112·3	94·0	82·4	112·2	1,281·6	8·94
Lucknow	2,623	118·2	125·3	115·5	114·6	119·2	125·5	109·2	96·6	108·1	110·6	104·7	103·2	112·7	1,440·7	55·66
Sitapur	417	125·0	106·7	94·1	100·7	111·1	107·8	85·3	87·7	116·3	100·5	98·0	104·8	101·8	1,745·8	14·39
Fatehgarh	222	77·9	53·8	40·0	51·2	82·9	64·8	65·7	84·1	66·4	47·4	59·8	56·3	62·4	1,220·7	31·53
Cawnpore	902	78·6	76·4	73·7	75·1	109·0	77·2	64·0	69·1	85·6	92·3	89·0	111·3	83·6	1,284·9	31·04
Allahabad	995	108·8	96·5	91·9	70·6	71·9	83·7	77·7	79·8	131·4	97·6	102·5	101·9	92·9	1,616·1	21·11
Fort Allahabad	224	80·2	100·5	104·8	76·6	71·7	73·9	67·6	85·6	91·3	107·7	91·6	78·9	85·8	1,491·1	22·32
Muttra	558	88·3	72·2	66·5	80·1	72·4	67·9	80·5	95·5	99·4	101·6	75·1	50·1	78·5	1,616·5	7·17
Shahjahanpur	417	258·1	120·1	106·4	108·9	100·4	98·8	94·9	102·0	121·1	140·5	137·9	456·5	123·4	1,489·2	26·38
Bareilly	1,371	85·5	81·2	117·6	105·2	80·4	91·9	98·2	98·6	106·2	100·0	87·8	95·9	93·4	1,313·6	8·02
Moradabad	90	875·0	209·0	72·6	57·9	41·3	57·9	57·9	82·0	100·0	125·0	500·0	500·0	105·5	2,022·2	...
Meerut	1,901	135·7	104·3	94·3	83·5	80·7	77·7	89·1	114·8	120·7	110·2	117·2	100·9	102·9	1,464·0	21·04
Delhi	309	155·8	119·0	78·9	52·3	77·2	64·4	78·5	121·1	139·9	175·6	138·1	131·4	111·6	2,323·6	32·36
Roorkee	455	194·7	64·6	84·3	101·5	91·4	78·0	80·3	65·8	68·7	62·9	75·2	71·1	82·2	1,134·1	15·38
Umballa	1,911	122·3	100·3	85·4	78·6	79·8	79·4	72·0	71·2	91·2	115·6	166·6	152·3	103·9	1,365·3	16·75
Jullundur	841	97·0	110·5	69·1	61·4	59·7	65·7	63·3	84·2	92·3	90·7	194·8	185·4	88·9	1,491·1	13·08
Ferozepore	1,104	115·7	95·4	77·0	64·7	76·7	93·1	91·6	131·1	139·0	146·2	215·2	143·6	113·4	2,422·1	19·02
Meean Meer	858	148·5	109·3	88·4	113·0	162·5	163·9	127·9	150·4	151·8	144·1	161·1	215·4	143·1	2,812·4	47·79
Fort Lahore	97	112·4	78·4	61·2	72·9	63·8	66·7	63·8	125·0	193·9	156·9	145·8	209·5	113·8	3,268·0	41·24
Amritsar	222	149·2	81·3	60·3	46·3	52·6	33·8	60·1	113·0	149·3	165·2	175·3	113·4	97·6	2,545·0	18·02
Sialkot	1,156	59·7	57·8	52·9	51·5	52·3	38·0	54·9	50·8	44·9	46·5	56·6	51·8	52·0	1,102·1	7·79
Rawalpindi	2,741	104·6	110·8	89·7	88·9	92·2	90·6	78·6	84·5	96·8	95·1	127·3	128·0	101·7	1,677·1	9·12
Campbellpur	272	55·4	72·2	114·2	92·8	97·6	119·3	90·9	97·6	130·1	145·6	115·0	74·7	98·2	1,900·7	11·03
Attock	162	101·0	78·6	94·1	107·1	81·3	98·4	80·0	85·5	68·4	87·0	88·4	80·4	87·7	1,629·6	30·86
Nowshera	670	62·2	78·7	83·6	78·1	98·6	108·7	83·8	49·9	93·2	90·3	146·8	86·2	87·9	1,761·2	40·30
Peshawar	1,839	95·0	74·1	75·7	71·9	99·8	102·8	92·8	105·3	197·6	201·1	141·6	117·9	110·6	2,232·2	25·56
Mooltan	916	83·8	89·3	64·5	75·6	85·2	90·1	100·3	109·5	108·8	149·4	206·5	154·7	104·6	1,774·0	2·18
Hyderabad	316	333·3	166·6	51·8	65·3	66·7	69·0	59·2	56·0	62·8	88·5	146·1	545·4	71·4	1,626·6	9·49
Kurrachee	1,420	57·8	54·5	53·2	70·1	88·2	89·7	81·8	89·8	107·1	116·3	111·2	117·5	81·8	1,769·0	9·15
Nowgong	370	222·2	153·5	151·2	163·5	147·8	167·8	163·1	163·9	161·4	195·3	170·7	170·3	165·8	2,502·7	16·22
Jhansi	741	159·0	129·6	143·4	116·4	118·3	144·4	125·5	124·3	164·7	202·5	182·2	147·2	146·0	2,390·0	9·45
Sipri	101	...	79·5	74·4	99·2	74·4	83·3	75·6	94·0	80·4	90·1	68·0	96·4	83·1	1,930·7	19·80
Agra	1,198	132·3	107·0	83·1	88·1	93·8	86·8	84·7	95·0	106·7	94·7	87·1	73·2	94·5	1,431·6	14·19
Nasirabad	757	78·2	58·8	55·3	70·7	66·5	44·6	68·0	93·6	114·7	101·3	106·6	78·7	80·3	1,790·0	14·53
Neemuch	436	200·0	108·2	88·1	93·4	87·5	83·3	80·9	87·0	119·8	135·3	118·1	89·7	101·7	2,481·7	13·76
Indore	106	75·5	116·1	127·3	138·9	150·4	135·6	118·2	132·1	133·3	147·4	139·8	117·6	127·5	2,226·4	9·43
Mhow	1,642	111·7	119·8	126·5	132·2	113·3	123·0	141·3	167·2	145·9	111·4	113·8	120·8	126·9	1,772·8	23·75
Ahmedabad	236	154·2	135·3	93·2	137·6	151·4	107·1	118·6	103·6	130·3	140·4	135·0	86·9	124·1	2,974·6	33·90
Deesa	369	71·9	82·5	98·2	82·2	45·3	31·3	62·3	79·2	92·6	80·1	58·4	55·0	71·3	1,306·2	2·71

XIX—*continued.*

TABLE showing the General Statistics of SICKNESS and MORTALITY in the Military STATIONS of the three Presidencies.

STATIONS.	Average Annual Strength.	Average Number constantly sick per 1,000 of Average Strength in each Month.												Constantly sick per 1,000 of strength.	Admitted per 1,000 of strength.	Died per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.			
Ahmednagar	723	38·4	43·3	37·9	37·6	54·0	50·4	46·8	51·1	48·9	52·3	37·8	57·4	46·6	740·0	17·98
Poona	2,034	102·4	125·2	78·0	82·1	86·6	79·8	82·6	83·5	80·0	87·8	97·4	82·1	87·8	1,342·2	13·27
Kirkee	777	72·6	65·9	59·7	57·6	61·0	64·2	54·7	78·0	86·2	86·6	83·5	65·6	69·9	1,216·2	9·01
Satara	214	90·5	85·4	84·1	62·5	54·0	67·9	54·3	54·8	63·3	74·8	75·5	38·8	66·9	1,668·2	9·35
Kamptee	776	104·1	95·3	82·4	70·5	66·5	68·0	55·3	65·3	73·3	78·8	104·0	75·3	75·9	958·8	16·75
Sitabaldi	44	36·4	37·0	...	35·7	35·7	53·6	54·5	36·4	53·6	34·5	...	...	38·0	2,181·8	...
Belgam	1,180	96·6	110·3	76·4	77·8	90·4	85·8	94·7	100·2	92·4	102·1	103·2	104·9	94·0	1,172·0	6·78
Secunderabad	2,931	96·9	100·5	96·7	89·2	86·1	85·0	88·0	101·2	115·8	105·2	120·2	99·6	99·1	1,286·6	9·89
Jubbulpore	901	116·4	97·2	89·6	75·8	79·4	82·4	80·8	92·0	90·4	98·5	110·8	108·5	93·3	1,523·9	15·54
Saugor	362	93·8	81·0	93·5	81·0	94·4	80·8	82·9	89·9	84·3	114·8	93·3	80·0	89·1	1,762·4	11·05
Colaba (Bombay)	1,354	92·6	58·8	86·3	77·8	75·6	67·2	73·4	76·7	81·7	72·0	80·8	80·4	76·1	1,164·7	14·77
Cannanore	105	84·9	84·1	46·7	46·7	57·7	58·3	58·3	76·9	66·7	66·7	48·5	65·4	63·4	1,066·7	28·57
Calicut	100	29·1	38·8	38·8	50·0	69·3	60·0	59·4	137·3	128·7	131·3	141·4	90·0	81·4	1,080·0	20·00
Mallapuram	145	71·4	85·0	84·4	93·2	78·6	76·4	74·8	66·7	74·8	47·9	63·4	47·9	71·8	1,269·0	13·79
Madras	523	99·1	99·3	82·4	101·8	136·3	107·7	85·8	61·8	46·4	92·9	106·8	88·1	91·8	1,439·8	13·38
St. Thomas' Mount	327	89·8	73·0	117·2	102·6	121·6	114·5	106·6	61·2	46·9	70·8	83·3	58·5	86·2	1,553·5	12·23
Pallavaram	55	...	64·2	75·5	700·0	500·0	...	...	16·9	44·9	43·0	61·9	44·4	65·3	1,218·2	...
Bangalore	2,114	109·2	106·6	89·7	72·0	77·2	82·7	77·3	68·9	69·4	66 2	68·8	69·8	79·5	988·2	8·51
Bellary	648	58·9	66·1	72·2	63·8	65·4	67·5	81·2	73·1	75·1	79·6	84·3	84·8	73·3	1,088·0	6·17
Gnathong	52	18·5	37·0	18·9	...	75·5	37·7	58·8	19·2	76·9	98·0	20·4	...	38·6	980·8	...
Ranikhet	1,013	99·4	98·2	46·0	61·7	82·2	98·1	90·4	73·6	69·2	82·3	109·6	65·1	78·6	1,251·7	8·88
Chaubuttia	284	...	...	45·5	55·2	59·8	63·8	74·9	68·7	68·4	60·5	...	...	63·5	968·3	3·52
Chakrata	997	41·0	51·0	38·1	88·0	105·5	125·9	122·8	101·4	81·8	77·4	41·7	54·5	98·8	1,066·2	3·01
Dagshai	747	111·1	84·9	80·9	91·7	112·8	132·7	120·1	110·1	96·4	97·0	113·9	104·5	107·2	1,009·4	29·45
Solon	225	...	...	...	53·1	63·5	82·2	71·7	64·4	48·8	27·4	...	...	62·6	1,200·0	17·78
Subathu	466	75·0	73·2	83·3	71·8	79·9	74·5	90·1	82·9	77·9	87·0	151·9	96·4	81·5	1,274·7	12·88
Jutogh	233	...	...	64·5	79·0	81·1	77·3	68·6	66·7	56·1	49·8	555·5	166·7	70·0	1,214·6	4·29
Bhagsu	72	...	...	...	61·7	49·3	35·5	42·6	55·9	70·4	125·0	...	...	57·4	1,180·6	...
Khyragully	63	...	...	...	...	33·6	39·1	26·8	23·4	40·3	46·5	...	...	34·1	396·8	...
Baragully	45	...	...	...	...	96·8	76·9	76·9	68·0	29·4	38·5	...	...	64·5	888·9	22·22
Kuldunnah	453	...	...	...	...	103·6	99·1	87·8	93·3	89·8	98·1	...	...	94·9	1,419·4	15·45
Kalabagh	49	...	...	...	...	115·9	121·5	81·1	70·8	47·2	40·5	...	...	79·3	836·7	20·41
Camp Gharial	537	...	...	...	49·6	56·1	60·7	60·4	52·5	46·4	46·7	...	...	54·0	707·6	11·17
,, Thobba	293	...	...	...	100·0	66·7	77·9	47·3	35·9	35·3	38·6	...	...	52·1	880·5	6·83
,, Lower Topa	121	...	...	...	...	89·4	75·3	77·7	63·2	54·9	45·5	...	...	71·0	1,173·6	...
Ghora Dhaka	162	...	...	...	...	66·4	70·5	65·9	72·5	63·3	69·4	...	...	68·0	938·3	6·17
Cherat	454	...	...	...	...	64·3	81·9	86·6	90·3	85·2	64·1	...	...	80·9	1,552·9	22·03
Quetta	2,219	86·8	82·6	83·2	99·9	95·6	88·8	96·1	132·1	156·1	144·4	125·7	90·3	107·3	2,032·0	14·42
Taragarh	41	...	...	...	54·5	68·5	115·9	59·7	98·4	95·2	101·4	96·8	...	86·1	1,780·5	24·39
Mount Abu	53	75·0	157·9	87·0	71·4	131·6	98·7	87·9	318·2	235·3	...	...	...	108·9	1,547·2	...
Purandhur	131	31·4	76·3	97·1	80·4	58·1	36·1	35·2	29·8	43·5	32·0	41·3	57·9	49·4	1,030·5	22·90
Ramandrug	38	...	...	74·1	56·0	55·6	24·6	...	...	...	...	...	...	50·3	1,236·8	...
Wellington	1,112	60·5	71·1	70·9	82·0	68·2	65·1	65·4	69·9	70·8	73·9	75·9	65·6	69·7	1,180·8	5·40
Bernardmyo	166	85·0	70·4	56·4	51·3	30·3	46·7	33·8	27·0	47·3	47·3	40·8	53·0	50·7	909·6	6·02
Darjeeling Depôt	368	148·1	146·6	100·9	92·9	94·6	73·5	80·8	79·0	92·0	73·8	76·5	59·9	87·4	970·1	8·15
Naini Tal ,,	196	23·8	...	75·3	136·4	102·3	92·3	100·0	102·2	117·4	92·5	67·3	54·1	98·3	1,234·7	10·20
Landour ,,	153	...	...	90·9	87·7	62·9	71·7	51·3	70·4	58·2	56·0	115·4	125·0	65·3	1,130·7	26·14
Kasauli ,,	303	166·7	125·0	82·6	84·7	86·9	96·4	112·0	105·7	88·7	138·0	238·1	222·2	102·3	1,449·0	27·55
Dalhousie ,,	714	68·5	89·6	125·0	94·8	104·1	106·9	83·8	78·4	71·5	70·6	77·7	50·5	87·7	1,416·0	22·41
Murree ,,	201	127·3	145·5	127·3	86·0	114·1	131·5	120·1	125·6	144·0	150·2	55·6	...	126·9	1,442·8	34·83
Pachmarhi ,,	109	...	...	...	104·8	72·9	46·4	50·6	27·9	48·4	48·8	189·2	428·6	60·2	1,055·0	18·35
Khandalla ,,	85	66·1	69·0	67·2	52·2	54·3	33·3	...	...	...	58·3	62·1	39·6	58·1	1,094·1	11·76
Waziristan Field Force	111	...	...	...	...	...	...	...	...	...	...	34·9	60·9	47·9	2,000·0	...
Troops marching Bengal Presidency	2,079	10·7	10·0	3·1	20·6	49·3	...	...	...	...	23·3	13·3	12·0	13·0	1,191·9	9·62
Troops marching Madras Presidency	101	10·6	22·9	...	19·6	...	...	...	...	...	47·6	...	...	18·4	1,277·2	9·90
Troops marching Bombay Presidency	77	17·2	3·9	...	26·3	...	...	...	...	...	22·7	18·6	...	12·7	402·6	12·99
Deolali Depôt	778	75·7	89·5	66·2	76·1	127·4	140·5	158·8	141·2	90·5	76·2	78·6	51·6	80·4	2,135·0	9·00
Poonamallee Depôt	78	300·0	171·9	145·8	156·9	274·0	222·2	227·3	302·3	264·4	215·2	257·6	184·4	229·1	1,487·2	64·10
Aden	1,049	95·5	96·1	85·2	70·4	69·3	86·4	92·7	75·1	80·0	80·4	90·2	103·5	85·5	1,837·0	16·21

EUROPEAN TROOPS, 1894.

XX.

TABLE showing the RATIO in which the PRINCIPAL DISEASES have contributed to make up the ADMISSION-RATE of the YEAR in the Military STATIONS of the three Presidencies.

STATIONS.	Average Annual Strength.	ADMITTED INTO HOSPITAL PER 1,000 OF AVERAGE STRENGTH.																													
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Other Respiratory Diseases.	Tonsillitis and Sorethroat.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Acute and Chronic Rheumatism.	Venereal Diseases.	Eye Diseases.	Entozoa.	Diseases of the Integuments.	Injuries.	All other Causes.	ALL CAUSES.
Port Blair	141	...	...	...	...	326·2	...	85·1	...	...	...	14·2	...	...	...	...	7·1	35·5	7·1	...	35·5	...	...	...	49·6	212·8	...	...	141·8	148·9	35·5	1,099·3
Rangoon	992	5·0	...	...	3·0	461·7	2·0	89·7	...	...	1·0	9·1	2·0	2·0	4·0	29·2	11·1	64·5	1·0	5·0	25·2	...	5·0	...	35·3	524·2	8·1	1·0	110·9	85·7	116·9	1,602·8
Thayetmyo	558	...	...	...	3·6	238·4	35·8	...	...	3·6	3·6	16·1	7·2	9·0	3·6	30·5	7·2	77·1	1·8	...	19·7	...	...	...	9·0	449·8	1·8	3·6	78·9	71·7	213·3	1,284·9
Meiktila	338	...	3·0	...	8·9	218·9	5·9	...	...	3·0	20·7	8·9	3·0	...	...	38·5	14·8	20·7	3·0	...	35·5	...	3·0	...	76·9	579·9	5·9	...	91·7	171·6	239·6	1,553·3
Fort Dufferin (Mandalay)	995	...	...	...	8·0	197·0	32·2	...	...	6·0	...	10·1	5·0	2·0	3·0	18·1	21·1	23·1	1·0	2·0	46·2	...	1·0	...	42·2	718·6	5·0	3·0	113·6	80·4	174·9	1,513·6
Shwebo	486	...	...	...	...	331·3	6·2	10·3	...	...	2·1	6·2	10·3	...	...	14·4	30·9	43·2	14·4	...	14·4	...	2·1	...	18·5	596·7	14·4	4·1	172·8	152·3	98·8	1,543·2
Bhamo	264	...	...	...	3·8	731·1	...	...	...	...	7·6	7·6	...	...	...	11·4	34·1	30·3	...	...	34·1	...	...	...	...	253·8	22·7	...	94·7	102·3	98·5	1,431·8
Fort William	1,108	...	...	...	5·4	229·2	·9	...	...	·9	9·9	9·9	7·2	2·7	...	19·0	16·2	36·1	9·0	3·6	16·2	7·2	...	...	20·8	478·3	5·4	...	68·6	59·6	87·5	1,093·9
,, Fulta	21	...	...	...	...	95·2	...	142·9	...	...	...	...	...	...	...	47·6	...	...	...	...	...	...	...	...	...	523·8	...	...	...	95·2	...	904·8
,, Chingri Khal	23	...	...	...	...	652·2	...	...	...	...	...	...	...	...	...	...	43·5	130·4	87·0	...	...	...	...	...	...	608·7	43·5	...	43·5	130·4	130·4	1,869·6
Dum-Dum	761	...	1·3	...	9·2	118·3	22·3	73·6	...	1·3	...	3·9	2·6	...	1·3	13·1	26·3	46·0	30·2	3·9	19·7	...	1·3	...	27·6	621·6	10·5	...	55·2	36·8	114·3	1,240·5
Barrackpore	330	...	...	...	12·1	803·0	48·5	...	...	...	24·2	6·1	6·1	...	6·1	30·3	15·2	118·2	36·4	3·0	27·3	...	3·0	...	21·2	748·5	21·2	3·0	133·3	109·1	175·8	2,351·5
Dinapore	998	...	19·0	...	9·0	233·5	9·0	...	...	2·0	2·0	13·0	13·0	2·0	4·0	22·0	17·0	56·1	61·1	1·0	23·0	...	...	...	32·1	874·7	6·0	9·0	198·4	147·3	225·5	1,980·0
Benares	406	39·4	2·5	...	54·2	519·7	...	12·3	...	9·9	4·9	22·2	12·3	2·5	...	36·9	34·5	88·7	56·7	7·4	66·5	...	...	...	2·5	637·9	14·8	7·4	238·9	130·5	137·9	2,140·4
Fyzabad	895	1·1	...	...	22·3	156·4	11·2	3·4	...	1·1	11·2	2·2	5·6	4·5	...	14·5	21·2	24·6	23·5	...	21·2	1·1	...	...	12·3	600·0	6·7	1·1	118·4	127·4	90·5	1,281·6
Lucknow	2,623	14·5	54·9	...	25·5	86·2	8·8	25·9	...	2·7	...	11·1	13·3	4·2	2·3	27·4	26·7	32·0	29·0	1·9	14·9	·4	2·7	...	15·2	586·7	15·2	·4	145·6	104·8	188·4	1,440·7
Sitapur	417	...	2·4	...	16·8	453·2	...	...	...	2·4	7·2	7·2	7·2	...	...	21·6	31·2	26·4	26·4	2·4	7·2	4·8	...	...	21·6	726·6	14·4	...	100·7	127·1	139·1	1,745·8
Fatehgarh	222	...	4·5	...	13·5	112·6	9·0	4·5	...	...	9·0	31·5	31·5	9·0	...	13·5	18·0	27·0	22·5	9·0	22·5	...	...	...	9·0	427·9	13·5	...	153·2	126·1	153·2	1,220·7
Cawnpore	902	15·5	21·1	...	25·5	167·4	8·9	...	3·3	6·7	4·4	6·7	1·1	6·7	1·1	49·9	17·7	12·2	25·5	1·1	2·2	...	2·2	...	28·8	659·6	10·0	...	72·1	54·3	80·9	1,284·9
Allahabad	995	5·0	11·1	...	29·1	465·3	...	5·0	...	4·0	5·0	9·0	9·0	3·0	1·0	19·1	11·1	30·2	36·2	1·0	12·1	2·0	...	...	27·1	505·5	21·1	1·0	159·8	103·5	139·7	1,616·1
Fort Allahabad	224	...	4·5	...	13·4	299·1	...	4·5	...	4·5	8·9	13·4	49·1	...	8·9	49·1	13·4	35·7	49·1	...	31·3	...	4·5	...	31·3	343·8	26·8	...	102·7	223·2	174·1	1,491·1
Muttra	558	34·1	...	...	21·5	383·5	5·4	14·3	3·6	3·6	...	16·1	1·8	...	...	25·1	59·1	21·5	50·2	...	10·8	...	...	1·8	28·7	308·2	10·8	12·5	229·4	202·5	172·0	1,616·5
Shahjahanpur	417	...	2·4	...	45·6	83·9	...	91·1	...	2·4	...	4·8	9·6	2·4	2·4	14·4	14·4	26·4	31·2	9·6	31·2	...	...	...	12·0	899·3	2·4	...	57·6	43·2	103·1	1,489·2
Bareilly	1,371	...	...	...	29·2	93·4	2·2	16·0	·7	...	·7	9·5	2·9	4·4	3·6	31·4	19·0	28·4	24·8	·7	9·5	·7	1·5	...	18·2	735·2	15·3	1·5	92·6	57·6	114·5	1,313·6
Moradabad	90	...	11·1	...	44·4	1,066·7	...	...	...	...	...	...	33·3	...	...	11·1	11·1	...	11·1	...	33·3	...	...	...	...	311·1	...	...	166·7	77·8	244·4	2,022·2
Meerut	1,901	...	...	...	41·0	529·7	3·7	4·2	...	2·1	...	3·2	6·8	1·6	1·1	10·0	22·1	34·7	37·9	·5	7·4	1·1	1·6	...	8·4	440·8	9·5	...	93·6	76·3	126·8	1,464·0
Delhi	309	...	...	...	25·9	1,498·4	9·7	25·9	...	...	6·5	3·2	3·2	...	...	22·7	35·6	19·4	19·4	3·2	6·5	6·5	...	...	19·4	317·2	...	3·2	106·8	84·1	106·8	2,323·6
Roorkee	455	15·4	2·2	...	15·4	118·7	17·6	...	...	2·2	2·2	13·2	4·4	4·4	4·4	33·0	22·0	13·2	19·8	...	17·6	4·4	2·2	...	48·4	419·8	39·6	13·2	96·7	50·5	153·8	1,134·1
Umballa	1,911	·5	·5	...	35·6	353·7	...	18·8	...	3·1	4·2	4·2	13·6	2·1	3·1	23·5	32·4	25·1	24·1	1·6	12·0	·5	2·1	...	24·6	428·6	6·3	12·6	94·7	121·9	115·6	1,365·3
Jullundur	841	...	...	...	7·1	322·2	9·5	29·7	...	...	2·4	7·1	9·5	...	4·8	44·0	34·5	30·9	38·0	3·6	15·5	...	2·4	...	49·9	489·9	10·7	8·3	82·0	108·2	180·7	1,491·1
Ferozepore	1,104	...	...	...	17·2	1,478·3	9·1	10·9	...	10·0	2·7	5·4	8·2	2·7	2·7	38·9	35·3	10·0	31·7	1·8	10·0	4·5	9·1	·9	37·1	385·0	3·6	4·5	99·6	77·9	125·0	2,422·1
Meean Meer	858	1·2	...	...	69·9	1,289·0	62·9	4·7	1·2	15·2	1·2	8·2	5·8	8·2	11·7	65·3	65·3	38·5	44·3	2·3	15·2	10·5	5·8	...	21·0	601·4	11·7	2·3	146·9	86·2	216·8	2,812·4
Fort Lahore	97	...	...	...	10·3	2,360·8	...	...	...	82·5	10·3	10·3	...	10·3	10·3	30·9	...	41·2	41·2	...	...	...	10·3	...	10·3	350·5	...	...	113·4	92·8	82·5	3,268·0
Amritsar	222	...	...	...	13·5	1,288·3	58·6	...	...	...	...	...	27·0	...	4·5	58·6	9·0	40·5	99·1	...	13·5	13·5	4·5	...	18·0	373·9	4·5	4·5	207·2	108·1	198·2	2,545·0
Sialkot	1,156	...	...	...	19·0	410·0	...	...	·9	·9	3·5	·9	...	·9	3·5	7·8	20·8	12·1	13·8	1·7	8·7	...	1·7	...	21·6	358·1	2·6	...	83·9	77·9	51·9	1,102·1
Rawalpindi	2,741	...	...	...	12·8	552·4	12·0	13·9	...	1·1	12·4	5·1	3·6	3·3	12·4	43·4	54·4	13·5	16·8	·7	13·1	1·1	2·9	...	39·8	465·5	7·7	4·7	106·2	146·7	131·7	1,677·1

XX.—*continued.*

TABLE showing the RATIO in which the PRINCIPAL DISEASES have contributed to make up the ADMISSION-RATE of the YEAR in the Military STATIONS of the three Presidencies—continued.

STATIONS.	Average Annual Strength	Admitted into Hospital per 1,000 of Average Strength.																													
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Tonsillitis and Sorethroat.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Acute and Chronic Rheumatism.	Venereal Diseases.	Eye Diseases.	Entozoa.	Diseases of the Integuments.	Injuries.	All other Causes.	ALL CAUSES.
Campbellpur	272	...	...	...	18·4	584·6	33·1	22·1	3·7	3·7	33·1	3·7	...	...	3·7	36·8	29·4	18·4	3·7	3·7	14·7	...	...	...	25·7	786·8	7·4	3·7	51·5	110·3	102·9	1,900·7
Attock	162	...	...	...	6·2	487·7	24·7	142·0	...	67·9	12·3	...	...	...	...	12·3	49·4	6·2	43·2	...	...	...	12·3	...	37·0	419·8	12·3	...	104·9	104·9	86·4	1,629·6
Nowshera	670	...	...	...	58·2	814·9	13·4	...	...	25·4	14·9	3·0	9·0	...	3·0	10·4	31·3	9·0	11·9	...	3·0	...	3·0	...	32·8	449·3	9·0	1·5	95·5	62·7	100·0	1,761·2
Peshawar	1,839	...	...	...	27·7	1,370·3	31·0	...	1·1	6·5	1·6	7·1	3·8	...	9·8	75·0	42·4	18·5	19·6	1·1	10·9	4·4	·5	...	14·7	294·7	8·2	9·8	100·1	57·1	116·4	2,232·2
Mooltan	916	...	...	...	15·3	657·2	2·2	12·0	...	24·0	5·5	6·6	25·1	8·7	1·1	45·9	24·0	22·9	37·1	...	32·8	2·2	1·1	1·1	19·7	381·0	10·9	4·4	155·0	125·5	152·8	1,774·0
Hyderabad	316	...	...	...	3·2	408·2	6·3	6·3	...	6·3	...	22·2	6·3	...	...	12·7	31·6	34·8	44·3	6·3	9·5	3·2	...	...	3·2	585·4	9·5	...	132·9	117·1	177·2	1,626·6
Kurrachee	1,420	...	...	...	4·9	866·2	3·5	6·3	·7	1·4	1·4	13·4	15·5	2·1	4·2	38·0	17·6	38·0	20·4	2·1	12·0	9·2	5·6	·7	17·6	324·6	10·6	1·4	114·8	55·6	181·0	1,769·0
Nowgong	370	18·9	...	2·7	10·8	637·8	2·7	48·6	...	...	2·7	5·4	2·7	...	...	24·3	75·7	27·0	37·8	...	32·4	8·1	...	...	29·7	1048·6	10·8	...	178·4	137·8	159·5	2,502·7
Jhansi	741	...	...	...	9·4	1,056·7	...	76·9	1·3	...	9·4	16·2	12·1	2·7	1·3	21·6	49·9	45·9	21·6	2·7	22·9	8·1	2·7	4·0	35·1	658·6	12·1	1·3	67·5	87·7	161·9	2,390·0
Sipri	101	...	...	...	...	881·2	...	...	...	...	9·9	9·9	...	...	...	9·9	49·5	9·9	39·6	...	...	...	...	...	9·9	534·7	9·9	19·8	8·9	69·3	168·3	1,930·7
Agra	1,198	·8	...	...	37·6	108·5	1·7	88·5	...	2·5	4·2	11·7	16·7	3·3	·8	86·8	36·7	16·7	19·2	1·7	12·5	2·5	2·5	...	54·3	551·8	15·0	...	106·0	76·0	173·6	1,431·6
Nasirabad	757	...	...	1·3	19·8	780·7	...	5·3	...	1·3	15·9	6·6	9·2	...	1·3	18·5	68·7	14·5	44·9	6·6	18·5	...	1·3	...	18.5	439·9	7·9	7·9	80·6	117·6	103·0	1,790·0
Neemuch	436	...	...	...	2·3	1,197·2	...	...	...	2·3	18·3	6·9	2·3	...	2·3	75·7	25·2	...	9·2	4·6	41·3	2·3	2·3	...	52·8	786·7	...	...	96·3	103·2	50·5	2,481·7
Indore	106	...	...	...	...	443·4	...	103·8	...	...	...	...	9·4	9·4	...	56·6	37·7	9·4	37·7	9·4	...	...	...	...	9·4	1188·7	18·9	...	75·5	66·0	150·9	2,226·4
Mhow	1,642	...	...	1·8	67·0	323·4	10·4	11·0	...	...	1·8	12·8	12·2	·6	3·7	21·3	35·9	16·4	23·1	1·2	13·4	...	1·2	...	26·2	828·3	7·3	2·4	76·7	123·0	151·6	1,772·8
Ahmedabad	236	...	...	...	33·9	834·7	8·5	296·6	...	...	4·2	16·9	12·7	...	4·2	33·9	59·3	29·7	55·1	...	16·9	...	...	...	33·9	894·1	12·7	8·5	203·4	182·2	233·1	2,974·6
Deesa	369	...	...	...	10·8	504·1	10·8	...	...	...	...	8·1	13·6	...	...	5·4	27·1	8·1	13·6	...	5·4	...	...	...	8·1	436·3	10·8	...	51·5	89·4	103·0	1,306·2
Ahmednagar	723	...	...	...	62·2	170·1	...	...	1·4	1·4	5·5	2·8	1·4	2·8	5·5	11·1	18·0	18·0	8·3	1·4	5·5	...	1·4	...	2·8	272·5	8·3	...	41·5	59·5	38·7	740·0
Poona	2,034	...	...	2·0	15·7	320·1	7·9	13·8	...	...	2·0	7·9	1·5	1·5	2·5	21·6	22·1	25·6	16·7	2·0	14·3	2·0	·5	...	23·6	594·9	13·3	2·0	38·8	76·7	113·6	1,342·2
Kirkee	777	...	3·9	...	20·6	292·1	10·3	...	...	...	...	2·6	1·3	...	2·6	15·4	25·7	20·6	11·6	1·3	11·6	1·3	3·9	...	18·0	521·2	6·4	...	45·0	78·5	122·3	1,216·2
Satara	214	...	...	...	9·3	724·3	...	9·3	...	...	...	9·3	...	...	14·0	23·4	42·1	14·0	9·3	...	14·0	...	...	...	9·3	490·7	4·7	37·4	70·1	88·8	98·1	1,668·2
Kamptee	776	...	...	2·6	15·5	237·1	9·0	2·6	...	3·9	1·3	9·0	10·3	3·9	...	11·6	11·6	5·2	...	1·3	16·8	...	...	...	20·6	400·8	10·3	...	49·0	42·5	94·1	958·8
Sitabaldi	44	...	...	...	22·7	818·2	...	45·5	...	...	...	...	22·7	...	...	...	45·5	...	90·9	...	...	...	...	...	68·2	590·9	22·7	...	45·5	250·0	159·1	2,181·8
Belgam	1,180	...	...	·8	1·7	65·3	·8	3·4	...	·8	5·9	11·9	4·2	3·4	...	19·5	22·0	10·2	...	1·7	10·2	...	2·5	...	21·2	682·2	11·0	...	72·0	96·6	124·6	1,172·0
Secunderabad	2,931	...	...	...	20·8	209·1	...	7·5	·7	1·4	5·5	7·5	6·1	3·1	1·4	33·4	22·2	35·5	4·8	1·0	32·1	·3	2·0	...	27·6	530·9	13·0	1·4	79·5	112·2	127·6	1,286·6
Jubbulpore	901	...	...	...	24·4	459·5	44·4	1·1	...	1·1	6·7	3·3	7·8	...	4·4	35·5	30·0	18·9	14·4	3·3	14·4	4·4	1·1	...	15·5	503·9	12·2	4·4	98·8	63·3	150·9	1,523·9
Saugor	362	...	...	...	11·0	618·8	16·6	13·8	...	...	2·8	13·8	11·0	8·3	2·8	5·5	2·8	13·8	5·5	...	8·3	...	5·5	...	30·4	627·1	16·6	...	102·2	91·2	154·7	1,762·4
Colaba (Bombay)	1,354	...	...	...	2·2	203·1	14·8	43·6	1·5	·7	1·5	11·1	2·2	2·2	·7	22·9	18·5	14·0	12·6	1·5	11·1	...	3·0	...	19·9	521·4	15·5	·7	58·3	97·5	84·2	1,164·7
Cannanore	105	...	...	...	...	...	...	9·5	...	9·5	9·5	...	9·5	...	...	28·6	28·6	66·7	9·5	...	57·1	...	...	...	9·5	285·7	28·6	9·5	219·0	76·2	209·5	1,066·7
Calicut	100	...	...	...	20·0	20·0	20 0	10·0	...	...	...	...	...	10·0	...	10·0	...	...	10·0	10·0	10·0	...	...	...	30·0	490·0	...	...	170·0	90·0	180·0	1,080·0
Mallapuram	145	...	...	...	13·8	20·7	6·9	55·2	...	...	13·8	13·8	6·9	...	...	...	69·0	6·9	6·9	...	41·4	...	...	...	6·9	510·3	...	...	131·0	124·1	241·4	1,269·0

Madras	523	135·8	...	...	15·3	82·2	3·8	80·3	1·9	5·7	21·0	9·6	1·9	1·9	3·8	32·5	17·2	49·7	3·8	5·7	40·2	...	1·9	...	21·0	543·0	...	7·6	105·2	84·1	164·4	1,459·8
St. Thomas' Mount	327	39·8	...	...	6·1	159·0	55·0	152·9	...	12·2	3·1	9·2	...	3·1	3·1	27·5	24·5	24·5	9·2	6·1	58·1	6·1	...	...	21·4	498·5	24·5	3·1	152·9	91·7	162·1	1,553·5
Pallavaram	55	...	...	...	...	109·1	...	54·5	...	...	...	54·5	...	18·2	...	36·4	...	145·5	18·2	...	36·4	...	...	...	...	509·1	...	...	18·2	54·5	163·6	1,218·2
Bangalore	2,114	...	...	...	18·4	60·1	·9	49·2	·5	...	3·8	3·8	3·8	2·4	5·2	19·4	30·3	20·8	2·4	·5	22·2	·9	·5	...	11·8	424·8	14·7	1·4	61·5	101·2	127·7	988·2
Bellary	648	3·1	...	...	...	192·9	17·0	...	1·5	1·5	3·1	3·1	10·8	1·5	3·1	9·3	13·9	20·1	3·1	1·5	4·6	...	1·5	...	18·5	518·5	13·9	...	58·6	72·5	114·2	1,088·0
Gnathong	52	...	...	...	...	19·2	...	...	...	...	19·2	...	...	...	19·2	38·5	38·5	57·7	...	...	...	...	...	19·2	38·5	346·2	...	...	38·5	192·3	153·8	980·8
Ranikhet	1,013	13·8	...	...	24·7	89·8	13·8	16·8	3·0	...	1·0	6·9	3·0	1·0	1·0	12·8	58·2	21·7	14·8	1·0	24·7	...	...	...	33·6	650·5	11·8	...	37·5	95·8	114·5	1,251·7
Chaubuttia	284	...	...	...	7·0	31·7	14·1	3·5	...	...	...	3·5	7·0	...	3·5	35·2	88·0	24·6	24·6	...	3·5	...	3·5	...	35·2	454·2	3·5	...	59·9	84·5	81·0	968·3
Chakrata	997	15·0	...	...	13·0	88·3	10·0	1·0	1·0	...	1·0	8·0	15·0	2·0	4·0	21·1	54·2	22·1	14·0	...	8·0	...	2·0	...	25·1	538·6	7·0	4·0	45·1	65·2	101·3	1,066·2
Dagshai	747	...	...	...	81·7	109·8	12·0	8·0	...	...	2·7	2·7	10·7	2·7	...	4·0	36·1	36·1	40·2	...	28·1	...	1·3	...	42·8	350·7	9·4	2·7	58·9	75·0	93·7	1,009·4
Solon	225	48·9	...	...	48·9	177·8	...	4·4	...	...	...	13·3	13·3	...	...	8·9	111·1	26·7	26·7	...	4·4	...	...	...	40·0	248·9	4·4	...	124·4	146·7	151·1	1,200·0
Subathu	466	...	...	...	81·5	92·3	27·9	96·6	...	...	...	12·9	6·4	...	...	15·0	103·0	17·2	6·4	...	15·0	...	2·1	...	34·3	431·3	15·0	2·1	85·8	83·7	145·9	1,274·7
Jutogh	233	...	...	...	17·2	73·0	...	17·2	4·3	...	8·6	4·3	17·2	...	...	55·8	64·4	21·5	85·8	...	8·6	...	17·2	...	30·0	351·9	12·9	34·3	51·5	188·8	150·2	1,214·6
Bhagsu	72	41·7	...	...	13·9	...	...	41·7	...	...	...	69·4	13·9	...	...	27·8	13·9	13·9	13·9	...	...	...	...	...	13·9	555·6	13·9	...	55·6	208·3	83·3	1,180·6
Khyragully	63	...	...	...	...	15·9	...	...	...	...	...	...	...	...	...	...	47·6	...	...	...	...	...	...	...	31·7	238·1	...	...	...	15·9	47·6	396·8
Baragully	45	...	...	...	133·3	22·2	...	66·7	...	...	...	...	22·2	...	...	...	155·6	...	22·2	...	...	...	...	...	88·9	88·9	...	...	...	222·2	66·7	888·9
Kuldunnah	453	...	...	...	6·6	454·7	2·2	...	...	...	19·9	...	17·7	4·4	4·4	26·5	81·7	17·7	2·2	4·4	11·0	...	...	...	4·4	395·1	13·2	...	50·8	134·7	167·8	1,419·4
Kalabagh	49	...	...	...	...	102·0	...	...	...	...	61·2	40·8	...	...	...	...	...	61·2	...	...	20·4	...	...	...	61·2	265·3	...	...	20·4	40·8	163·3	836·7
Camp Gharial	537	...	...	...	9·3	68·9	...	9·3	...	...	...	1·9	3·7	...	5·6	7·4	39·1	3·7	13·0	...	14·9	...	7·4	...	7·4	366·9	5·6	...	24·2	39·1	80·1	707·6
,, Thobba	293	...	...	...	3·4	208·2	...	6·8	...	...	...	...	...	...	10·2	3·4	34·1	23·9	6·8	3·4	3·4	...	...	...	23·9	399·3	3·4	...	20·5	92·2	37·5	880·5
,, Lower Topa	121	...	...	...	8·3	99·2	8·3	66·1	...	...	8·3	...	...	8·3	16·5	...	49·6	24·8	...	...	24·8	...	...	...	16·5	438·0	16·5	...	99·2	165·3	124·0	1,173·6
Ghora Dhaka	162	...	...	...	12·3	191·4	6·2	6·2	...	...	...	...	...	...	6·2	30·9	55·6	12·3	6·2	...	...	...	...	...	55·6	284·0	...	...	43·2	86·4	142·0	938·3
Cherat	454	...	...	...	70·5	711·5	33·0	2·2	...	...	2·2	6·6	6·6	...	...	6·6	55·1	19·8	22·0	2·2	11·0	8·8	2·2	...	24·2	211·5	13·2	6·6	70·5	92·5	174·0	1,552·9
Quetta	2,219	...	...	...	17·1	909·9	1·8	55·4	...	·5	4·1	4·5	4·1	·9	12·2	78·0	93·3	20·7	15·8	·9	5·9	1·8	1·8	...	40·1	438·0	10·4	3·6	45·1	91·9	174·4	2,032·0
Taragarh	41	...	...	...	48·8	658·5	...	...	...	...	...	...	...	...	...	...	24·4	24·4	48·8	24·4	48·8	...	...	...	24·4	439·0	...	...	24·4	146·3	268·3	1,780·5
Mount Abu	53	...	...	...	18·9	566·0	...	...	...	...	...	...	...	...	...	18·9	37·7	...	150·9	...	37·7	...	...	...	18·9	566·0	...	...	37·7	18·9	75·5	1,547·2
Purandhur	131	...	...	...	7·6	244·3	...	7·6	...	...	...	...	...	7·6	...	7·6	7·6	15·3	15·3	...	15·3	...	...	...	22·9	305·3	45·8	...	30·5	68·7	229·0	1,030·5
Ramandrug	38	...	...	...	...	105·3	26·3	...	...	...	26·3	52·6	...	...	...	52·6	52·6	78·9	...	...	...	...	...	...	26·3	473·7	26·3	26·3	26·3	78·9	184·2	1,236·8
Wellington	1,112	...	...	...	4·5	143·9	8·1	3·6	...	3·6	1·8	7·2	2·7	2·7	·9	28·8	40·5	26·1	·9	·9	19·8	...	3·6	...	38·7	460·4	9·9	...	59·4	169·1	143·9	1,180·8
Bernardmyo	166	...	...	...	...	295·2	...	...	...	...	...	...	...	...	...	6·0	12·0	6·0	...	...	6·0	...	12·0	...	72·3	253·0	6·0	...	54·2	90·4	96·4	909·6
Darjeeling Depôt	368	...	...	...	5·4	84·2	...	2·7	...	...	2·7	10·9	8·2	10·9	...	5·4	35·3	57·1	10·9	8·2	32·6	2·7	5·4	...	19·0	353·3	13·6	5·4	92·4	84·2	119·6	970·1
Naini Tal ,,	196	...	...	...	20·4	132·7	10·2	10·2	...	...	...	...	10·2	5·1	...	35·7	91·8	30·6	35·7	...	15·3	5·1	...	...	61·2	433·7	20·4	...	81·6	137·8	96·9	1,234·7
Landour ,,	153	...	...	...	13·1	307·2	...	...	6·5	...	...	...	26·1	13·1	13·1	6·5	45·8	...	13·1	6·5	19·6	39·2	6·5	...	26·1	241·8	32·7	...	58·8	78·4	176·5	1,130·7
Kasauli ,,	363	...	...	...	16·5	261·7	2·8	2·8	...	...	11·0	2·8	27·5	13·8	11·0	38·6	115·7	13·8	33·1	5·5	19·3	5·5	...	2·8	57·9	405·0	19·3	8·3	63·4	107·4	203·9	1,449·0
Dalhousie ,,	714	...	...	...	36·4	250·7	8·4	5·6	...	...	...	7·0	42·0	5·6	4·2	19·6	54·6	18·2	47·6	1·4	21·0	7·0	4·2	1·4	30·8	525·2	7·0	4·2	46·2	74·2	193·3	1,416·0
Murree ,,	201	...	...	...	...	467·7	29·9	10·0	...	...	...	29·9	...	5·0	...	44·8	64·7	10·0	49·8	5·0	5·0	...	...	5·0	24·9	378·1	10·0	...	29·9	94·5	179·1	1,442·8
Pachmarhi ,,	109	...	...	...	9·2	275·2	9·2	27·5	...	...	...	...	9·2	...	...	9·2	45·9	18·3	9·2	9·2	9·2	...	...	...	18·3	220·2	9·2	...	73·4	174·3	128·4	1,055·0
Khandalla ,,	85	...	...	...	11·8	164·7	...	35·3	...	...	...	23·5	...	...	...	11·8	23·5	...	...	...	58·8	11·8	...	...	47·1	329·4	47·1	...	...	58·8	270·6	1,094·1
Waziristan Field Force	111	...	...	...	...	846·8	...	...	...	...	...	9·0	...	...	...	54·1	18·0	36·0	36·0	...	9·0	...	...	...	45·0	234·2	9·0	...	495·5	117·1	90·1	2,000·0
Bengal Troops marching	2,079	...	1·4	...	5·3	286·2	5·8	9·6	...	·5	1·0	3·8	9·6	·5	11·5	33·7	17·3	30·3	27·9	...	4·8	...	1·4	...	23·6	505·1	7·7	1·0	59·2	61·6	83·2	1,191·9
Madras Troops marching	101	...	...	...	...	39·6	...	128·7	...	9·9	...	...	...	...	9·9	19·8	19·8	19·8	49·5	...	...	...	...	...	19·8	366·3	...	...	267·3	247·5	79·2	1,277·2
Bombay Troops marching	77	...	...	...	...	77·9	...	...	...	...	...	13·0	...	...	...	...	...	...	13·0	...	13·0	...	...	...	13·0	129·9	...	...	...	116·9	26·0	402·6
Deolali Depôt	778	...	...	...	11·6	488·4	6·4	21·9	...	2·6	5·1	39·8	110·5	56·6	2·6	64·3	18·0	46·3	25·7	16·7	29·6	5·1	12·9	1·3	38·6	730·1	19·3	3·9	74·6	63·0	240·4	2,135·0
Poonamallee Depôt	78	...	...	...	...	25·6	12·8	25·6	...	12·8	...	25·6	25·6	38·5	12·8	12·8	12·8	192·3	...	25·6	102·6	...	...	...	153·8	346·2	38·5	...	243·6	51·3	128·2	1,487·2
Aden	1,049	1·0	...	1·0	5·7	595·8	...	32·4	40·0	7·6	1·9	5·7	11·4	6·7	1·9	38·1	26·7	34·3	45·8	2·9	12·4	4·8	1·9	1·0	29·6	450·0	12·4	1·9	164·9	113·4	185·9	1,837·9

EUROPEAN TROOPS, 1894.

XXI.

TABLE showing the RATIO in which the PRINCIPAL DISEASES have contributed to make up the DEATH-RATE of the YEAR in the Military STATIONS of the three Presidencies.

STATIONS.	Average Annual Strength.	Died per 1,000 of the Average Strength.																							
		Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Valve Disease and Aneurysm.	Other Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Urinary Diseases.	Scurvy.	Injuries.	Suicide.	All other Causes.	All Causes.
Port Blair	141	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon	992	...	...	1·01	...	1·01	...	...	...	...	...	...	...	...	1·01	...	2·02	...	5·04	...	1·01	...	3·02	2·02	3·02	19·15
Thayetmyo	558	...	...	3·58	1·79	...	...	...	1·79	...	...	...	...	...	...	...	...	...	...	...	...	...	3·58	...	1·79	12·54
Meiktila	338	2·96	...	2·96	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5·92
Fort Dufferin (Mandalay)	995	...	...	2·01	...	2·01	...	...	...	1·01	...	...	...	...	...	...	...	...	...	...	...	...	1·01	...	...	6·03
Shwebo	486	...	...	...	...	2·06	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2·06	...	4·12
Bhamo	264	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3·79	...	...	3·79
Fort William	1,108	...	...	·90	...	...	...	...	...	...	·90	...	·90	...	...	...	·90	...	·90	...	...	...	...	...	·90	5·42
,, Fulta	21	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, Chingri Khal	23	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dum-Dum	761	1·31	...	6·57	...	...	...	...	...	...	1·31	...	...	...	...	1·31	...	1·31	3·94	...	...	...	...	...	1·31	17·08
Barrackpore	330	...	...	6·06	3·03	...	...	...	...	...	...	...	...	...	...	3·03	9·09	...	6·06	...	...	...	3·03	...	...	30·30
Dinapore	998	16·03	...	1·00	...	...	...	...	...	...	1·00	...	...	1·00	1·00	...	...	...	1·00	...	...	...	...	1·00	2·00	24·05
Benares	406	2·46	...	19·70	...	...	...	...	...	...	...	...	...	...	...	...	2·46	...	2·46	...	...	...	2·46	...	2·46	32·02
Fyzabad	895	...	...	4·47	...	1·12	...	...	...	...	...	...	...	...	1·12	...	...	...	...	...	...	...	1·12	...	1·12	8·94
Lucknow	2,623	36·98	...	8·01	...	·38	...	...	·76	...	·76	...	·38	·38	·38	·38	1·91	...	1·52	...	...	...	3·43	...	·38	55·66
Sitapur	417	2·40	...	9·59	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2·40	...	...	...	...	...	...	14·39
Fatehgarh	222	4·50	...	9·01	...	...	...	...	...	...	...	4·50	...	...	...	...	...	...	9·01	...	...	...	4·50	...	...	31·53
Cawnpore	902	14·41	...	4·43	...	...	...	...	3·33	1·11	...	...	...	3·33	...	...	1·11	...	1·11	...	...	...	1·11	1·11	...	31·04
Allahabad	995	10·05	...	4·02	1·01	...	...	...	2·01	...	...	...	...	...	...	...	2·01	...	1·01	...	...	...	1·01	...	...	21·11
Fort Allahabad	224	4·46	...	4·46	...	...	...	...	...	...	...	4·46	...	...	4·46	...	...	...	...	...	...	...	4·46	...	...	22·32
Muttra	558	...	...	3·58	...	...	...	...	1·79	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1·79	7·17
Shahjahanpur	417	2·40	...	11·99	...	...	...	...	...	...	...	...	...	2·40	...	...	...	...	7·19	...	...	...	...	...	2·40	26·38
Bareilly	1,371	...	...	4·38	...	·73	...	...	...	...	·73	...	...	·73	...	...	...	...	·73	...	...	...	...	...	·73	8·02
Moradabad	90	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut	1,901	...	...	14·20	·53	·53	...	...	·53	...	...	...	...	...	...	...	·53	...	...	...	1·05	..	1·05	·53	2·10	21·04
Delhi	309	...	...	16·18	...	3·24	...	...	...	...	...	...	...	...	...	...	3·24	...	3·24	...	...	...	...	3·24	3·24	32·36
Roorkee	455	2·20	...	4·40	...	...	...	...	...	...	...	...	...	...	...	...	2·20	...	...	...	...	...	4·40	...	2·20	15·38
Umballa	1,911	...	...	10·47	·52	...	...	...	·52	...	...	...	...	1·05	·52	·52	...	...	1·05	...	·52	...	1·05	·52	...	16·75
Jullundur	841	...	...	3·57	...	...	...	...	...	...	1·19	...	...	...	2·38	...	1·19	...	2·38	...	1·19	...	...	1·19	...	13·08
Ferozepore	1,104	...	...	6·34	1·81	1·81	...	...	3·62	...	...	...	...	·91	...	...	...	...	·91	...	·91	...	1·81	...	·91	19·02
Meean Meer	858	...	...	16·32	...	...	...	...	3·50	...	2·33	1·17	...	3·50	6·99	2·33	1·17	...	2·33	1·17	1·17	...	3·50	...	2·33	47·79
Fort Lahore	97	...	...	10·31	...	...	...	...	10·31	...	...	...	...	...	10·31	...	...	...	...	...	10·31	...	...	...	...	41·24
Amritsar	222	...	...	4·50	...	4·50	...	...	...	...	...	...	...	...	4·50	...	...	...	...	...	...	...	...	...	4·50	18·02
Sialkot	1,156	...	...	5·19	...	...	...	...	...	...	...	...	...	...	...	...	·87	...	...	...	...	...	·87	...	·87	7·79
Rawalpindi	2,741	...	...	2·92	·73	·36	...	...	·36	...	·36	...	·36	...	1·82	...	·73	...	·73	...	...	...	·36	...	·36	9·12
Campbellpur	272	...	...	7·35	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3·68	...	...	11·03

Attock	162	...	...	6·17	...	...	...	...	24·69	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	30·86
Nowshera	670	...	...	20·90	...	4·48	...	...	7·46	...	...	...	...	...	1·49	1·49	...	...	...	...	...	...	2·99	...	1·49	40·30
Peshawar	1,839	...	...	11·96	...	2·72	...	...	2·72	...	...	...	...	...	2·72	·54	1·09	·54	·54	...	...	...	1·09	...	1·63	25·56
Mooltan	916	...	...	1·09	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1·09	...	...	...	...	...	2·18
Hyderabad	316	...	...	...	...	...	...	...	...	...	3·16	3·16	...	...	...	...	...	...	...	...	...	...	...	...	3·16	9·49
Kurrachee	1,420	...	...	·70	...	·70	...	...	...	...	...	·70	...	...	·70	...	...	·70	1·41	...	·70	..	2·11	...	1·41	9·15
Nowgong	370	...	...	8·11	...	...	...	...	2·70	...	...	...	...	...	...	...	...	...	...	...	...	...	5·41	...	...	16·22
Jhansi	741	...	...	4·05	1·35	...	...	...	...	...	...	...	1·35	...	...	1·35	...	...	1·35	...	...	...	...	...	...	9·45
Sipri	101	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	19·80	19·80
Agra	1,198	...	...	5·84	...	...	...	...	...	...	·83	·83	...	1·67	...	...	1·67	...	1·67	...	...	...	...	·83	·83	14·19
Nasirabad	757	...	...	3·96	...	...	...	...	1·32	...	...	1·32	...	...	...	...	1·32	...	5·28	...	...	...	1·32	...	...	14·53
Neemuch	436	...	...	2·29	...	...	...	...	2·29	...	...	2·29	...	...	...	2·29	...	...	4·59	...	...	...	...	...	...	13·76
Indore	106	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9·43	...	...	...	...	...	...	9·43
Mhow	1,642	...	·61	15·23	...	...	...	...	...	...	1·22	·61	·61	·61	...	...	1·22	...	1·22	...	...	...	·61	...	1·83	23·75
Ahmedabad	236	...	...	4·24	...	4·24	...	...	...	...	...	...	...	...	...	4·24	...	...	...	...	...	...	16·95	...	4·24	33·90
Deesa	369	...	...	2·71	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2·71
Ahmednagar	723	...	...	15·21	...	...	...	...	...	...	...	...	...	1·38	...	...	...	...	...	...	...	...	...	...	1·38	17·98
Poona	2,034	...	·49	6·88	...	...	...	...	...	...	...	...	·49	...	·49	...	...	...	·98	...	...	...	2·46	·98	·49	13·27
Kirkee	777	2·57	...	2·57	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1·29	1·29	1·29	9·01
Satara	214	...	...	...	...	...	...	...	...	...	...	...	9·35	...	...	...	...	...	...	...	...	...	...	...	...	9·35
Kamptee	776	...	1·29	7·73	...	...	...	...	2·58	...	2·58	...	...	1·29	...	...	...	...	1·29	...	...	...	...	...	...	16·75
Sitabaldi	44	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Belgam	1,180	...	...	·85	...	...	...	...	...	...	...	...	...	·85	...	·85	...	...	·85	...	...	...	1·69	...	1·69	6·78
Secunderabad	2,931	...	...	5·12	...	...	...	...	...	·34	...	·68	...	·34	...	...	·68	...	·68	...	·68	...	·68	...	·68	9·89
Jubbulpore	901	...	...	4·44	2·22	...	...	...	...	...	1·11	...	...	...	1·11	...	1·11	...	1·11	...	...	...	3·33	...	1·11	15·54
Saugor	362	...	...	5·52	...	...	...	...	...	...	...	...	...	...	2·76	...	...	...	...	...	...	...	...	2·76	...	11·05
Colaba (Bombay)	1,354	...	...	·74	·74	·74	·74	...	·74	...	...	...	·74	·74	...	...	...	·74	1·48	...	1·48	...	4·43	...	1·48	14·77
Cannanore	105	...	...	...	...	...	...	...	...	...	...	...	9·52	...	...	...	19·05	...	...	...	...	...	...	...	...	28·57
Calicut	100	...	...	10·00	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10·00	...	...	...	...	...	...	20·00
Mallapuram	145	...	...	...	...	...	...	...	6·90	...	...	...	6·90	...	...	...	...	...	...	...	...	...	...	...	...	13·79
Madras	523	...	...	3·82	...	...	...	...	1·91	...	...	...	...	...	1·91	...	...	...	1·91	...	...	...	...	...	3·82	13·38
St. Thomas' Mount	327	...	...	...	...	3·06	...	...	3·06	...	...	...	...	...	...	...	3·06	...	3·06	...	...	...	...	...	...	12·23
Pallavaram	55	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bangalore	2,114	...	...	5·20	...	...	...	...	...	...	...	·95	...	...	·95	...	...	...	...	...	...	...	·95	·47	...	8·51
Bellary	648	...	...	...	...	...	...	...	1·54	...	1·54	...	...	...	...	...	...	...	1·54	...	...	...	...	1·54	...	6·17
Gnathong	52	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ranikhet	1,013	...	...	2·96	...	...	...	...	...	...	...	·99	...	·99	...	...	·99	...	·99	...	...	...	...	...	1·97	8·88
Chaubuttia	284	...	...	3·52	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3·52
Chakrata	997	...	...	1·00	...	...	...	...	...	...	1·00	...	...	...	...	...	...	...	...	...	...	...	...	...	1·00	3·01
Dagshai	747	...	...	24·10	...	...	...	...	...	...	...	...	...	1·34	...	...	2·68	...	...	...	...	...	...	...	1·34	29·45
Solon	225	...	...	8·89	...	...	...	...	...	...	...	...	...	...	...	...	4·44	...	...	...	...	...	...	...	4·44	17·78
Subathu	466	...	...	12·88	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12·88
Jutogh	233	...	...	4·29	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4·29
Bhagsu	72	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Khyragully	63	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Baragully	45	...	...	22·22	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	22·22
Kuldunnah	453	...	...	6·62	...	...	...	...	...	...	...	...	...	...	2·21	...	...	...	4·42	...	...	...	...	2·21	...	15·45
Kalabagh	49	...	...	...	...	...	...	...	...	...	20·41	...	...	...	...	...	...	...	...	...	...	...	...	...	...	20·41
Camp Gharial	537	...	...	9·31	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1·86	...	...	...	...	...	11·17
,, Thobba	293	...	...	...	...	...	...	...	...	...	...	...	...	...	3·41	...	...	...	3·41	...	...	...	...	...	...	6·83
,, Lower Topa	121	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ghora Dhaka	162	...	...	6·17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6·17
Cherat	454	...	...	19·82	...	...	...	...	...	...	...	2·20	...	...	...	...	...	...	...	...	...	...	...	...	...	22·03
Quetta	2,219	...	...	3·61	...	...	...	...	...	...	...	·90	...	·45	4·51	·45	·90	...	·90	...	·90	...	·45	...	1·35	14·42
Taragarh	41	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	24·39	...	...	...	...	...	...	24·39
Mount Abu	53	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Purandhur	131	...	...	7·63	...	...	...	...	...	...	...	...	...	7·63	...	...	...	...	...	...	...	...	...	...	7·63	22·90
Ramandrug	38	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Wellington	1,112	...	...	2·70	...	...	...	...	·90	...	...	...	...	·90	·90	...	...	...	...	...	...	...	...	...	...	5·40
Bernardmyo	166	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6·02	6·02

XXI—*continued.*

TABLE showing the RATIO in which the PRINCIPAL DISEASES have contributed to make up the DEATH-RATE of the YEAR in the Military STATIONS of the three Presidencies—continued.

STATIONS.	Average Annual Strength.	Died per 1,000 of the Average Strength.																							
		Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Valve Disease and Aneurysm.	Other Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Urinary Diseases.	Scurvy.	Injuries.	Suicide.	All other Causes.	All Causes.
Darjeeling Depôt	368	...	...	2·72	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2·72	...	...	...	...	...	2·72	8·15
Naini Tal ,,	196	...	...	5·10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5·10	10·20
Landour ,,	153	...	...	6·54	...	...	...	...	...	...	...	...	...	...	6·54	...	...	...	6·54	...	...	...	...	...	6·54	26·14
Kasauli ,,	363	...	...	8·26	...	...	...	...	...	...	...	...	...	...	5·51	2·75	...	...	5·51	...	...	...	...	...	5·51	27·55
Dalhousie ,,	714	...	...	15·41	...	...	...	...	...	...	1·40	...	...	...	1·40	...	...	...	1·40	1·40	1·40	...	...	...	...	22·41
Murree ,,	201	...	...	...	...	4·98	...	...	...	...	...	...	...	...	...	4·98	...	...	9·95	...	...	...	...	...	14·93	34·83
Pachmarhi ,,	109	...	...	9·17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9·17	...	...	...	...	...	...	18·35
Khandalla ,,	85	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11·76	11·76
Waziristan Field Force	111	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bengal Troops marching	2,079	1·44	...	...	...	...	...	...	1·92	...	·48	...	·96	·48	...	·48	...	...	·48	...	...	...	1·92	...	1·44	9·62
Madras Troops marching	101	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9·90	9·90
Bombay Troops marching	77	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12·99	...	...	12·99
Deolali Depôt	778	...	...	2·57	...	...	...	...	...	...	...	...	1·29	2·57	...	...	...	...	1·29	...	...	...	1·29	...	...	9·00
Poonamallee Depôt	78	...	...	...	...	...	...	...	12·82	...	...	...	...	12·82	...	...	...	...	12·82	...	12·82	...	...	...	12·82	64·10
Aden	1,049	...	...	·95	...	...	...	...	4·77	...	...	·95	·95	·95	1·91	...	·95	...	2·86	...	...	...	...	·95	·95	16·21

XXII.

TABLE showing the MORTALITY in each STATION, the CAUSES of DEATH, and the RATIO of DEATHS to STRENGTH.

STATIONS.	Average Annual Strength.	CAUSES OF DEATH.																								TOTAL DEATHS.		DIED PER 1,000 OF STRENGTH.	
		Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Valve Disease and Aneurysm.	Other Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Urinary Diseases.	Scurvy.	Injuries.	Suicide.	All other causes.	In Hospital.	Out of Hospital.	Out of Hospital.	In and out of Hospital.
Port Blair	141	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon	992	...	...	1	...	1	...	...	...	...	...	...	...	...	1	...	2	...	5	...	1	...	3	2	3	14	5	5·04	19·15
I.—BURMA COAST AND BAY ISLANDS	1,133	...	...	1	...	1	...	...	...	...	...	...	...	...	1	...	2	...	5	...	1	...	3	2	3	14	5	4·41	16·77
Thayetmyo	558	...	...	2	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	5	2	3·58	12·54
Meiktila	338	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	5·92
Fort Dufferin (Mandalay)	995	...	...	2	...	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	4	2	2·01	6·03
Shwebo	486	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	4·12
Bhamo	264	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	3·79
II.—BURMA INLAND	2,641	1	...	5	1	3	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	4	1	1	14	4	1·51	6·82
Fort William	1,108	...	...	1	...	...	...	...	...	...	1	...	1	...	...	...	1	...	1	...	...	...	...	...	1	6	...	...	5·42
„ Fulta	21	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
„ Chingri Khál	23	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dum-Dum	761	1	...	5	...	...	...	...	...	...	1	...	...	...	...	1	...	1	3	...	...	...	...	...	1	13	...	...	17·08
Barrackpore	330	...	...	2	1	...	...	...	...	...	...	...	...	...	...	1	3	...	2	...	...	...	1	...	...	10	...	...	30·30
IV.—BENGAL AND ORISSA	2,243	1	...	8	1	...	...	...	...	...	2	...	1	...	...	2	4	1	6	...	...	...	1	...	2	29	...	...	12·93
Dinapore	998	16	...	1	...	...	...	...	...	...	1	...	...	1	1	...	...	...	1	...	...	...	...	1	2	23	1	1·00	24·05
Benares	406	1	...	8	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	..	1	...	1	12	1	2·46	32·02
Fyzabad	895	...	...	4	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	1	7	1	1·12	8·94
Lucknow	2,623	97	...	21	...	1	...	...	2	...	2	...	1	1	1	1	5	...	4	...	...	...	9	...	1	140	6	2·29	55·66
Sitapur	417	1	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	6	...	...	14·39
Fatehgarh	222	1	...	2	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	...	...	1	...	...	7	...	...	31·53
Cawnpore	902	13	...	4	...	...	...	...	3	1	...	...	...	3	...	...	1	...	1	...	...	...	1	1	...	25	3	3·33	31·04
Allahabad	995	10	...	4	1	...	...	...	2	...	...	...	...	...	...	...	2	...	1	...	...	...	1	...	...	19	2	2·01	21·11
Fort Allahabad	224	1	...	1	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	1	...	...	5	...	...	22·32
V.—GANGETIC PLAIN AND CHUTIA NAGPUR	7,682	140	...	49	1	2	...	...	7	1	3	2	1	5	4	1	9	...	11	...	...	...	15	2	5	244	14	1·82	33·58

XXII—*continued.*

TABLE showing the MORTALITY in each STATION, the CAUSES of DEATH, and the RATIO of DEATHS to STRENGTH—continued.

STATIONS.	Average Annual Strength.	Causes of Death.																								Total Deaths.		Died per 1,000 of strength.	
		Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Valve Disease and Aneurysm.	Other Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Urinary Diseases.	Scurvy.	Injuries.	Suicide.	All other Causes.	In Hospital.	Out of Hospital.	Out of Hospital.	In and out of Hospital.
Muttra	558	...	...	2	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	4	...	...	7·17
Shahjahanpur	417	1	...	5	...	..	...	..	...	...	...	...	...	1	...	...	...	...	3	...	...	...	...	...	1	11	...	...	26·38
Bareilly	1,371	..	..	6	...	1	...	..	...	..	1	...	...	1	...	...	...	...	1	...	...	...	...	...	1	11	...	...	8·02
Moradabad	90	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut	1,901	...	...	27	1	1	...	...	1	..	...	...	...	...	...	...	1	...	...	...	2	...	2	1	4	38	2	1·05	21·04
Delhi	309	...	...	5	...	1	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	1	1	9	1	3·24	32·36
Roorkee	455	1	...	2	...	...	...	..	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	...	1	5	2	4·40	15·38
Umballa	1,911	...	...	20	1	...	..	...	1	...	...	...	...	2	1	1	...	...	2	...	1	...	2	1	...	30	2	1·05	16·75
Jullundur	841	...	...	3	...	...	...	...	...	...	1	...	...	...	2	...	1	...	2	...	1	...	...	1	...	10	1	1·19	13·08
Ferozepore	1,104	...	...	7	2	2	...	...	4	...	...	...	...	1	...	...	...	...	1	...	1	...	2	...	1	21	...	...	19·02
Meean Meer	858	...	...	14	...	...	...	...	3	...	2	1	...	3	6	2	1	...	2	1	1	...	3	...	2	38	3	3·50	47·79
Fort Lahore	97	...	...	1	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	4	...	...	41·24
Amritsar	222	...	...	1	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	4	...	...	18·02
Sialkot	1,156	...	...	6	...	...	...	..	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	1	9	...	...	7·79
Rawalpindi	2,741	...	...	8	2	1	...	...	1	...	1	...	1	...	5	...	2	...	2	...	...	...	1	...	1	25	...	...	9·12
VI.—UPPER SUB-HIMALAYAN	14,031	2	...	107	6	7	...	...	12	...	5	1	1	8	16	3	8	...	14	1	7	...	13	4	15	219	11	·78	16·39
Campbellpur	272	...	...	2	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	1	3·68	11·03
Attock	162	..	...	1	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	30·86
Nowshera	670	...	...	14	...	3	...	..	5	...	...	...	...	...	1	1	...	...	...	...	...	...	2	...	1	25	2	2·99	40·30
Peshawar	1,839	...	...	22	...	5	...	...	5	...	...	...	...	...	5	1	2	1	1	...	...	...	2	...	3	45	2	1·09	25·56
Mooltan	916	...	...	1	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	...	...	2·18
Hyderabad	316	...	...	..	...	...	.	..	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	9·49
Kurrachee	1,420	...	...	1	...	1	.	...	...	...	...	1	...	..	1	...	...	1	2	...	1	...	3	...	2	12	1	·70	9·15
VII.—INDUS VALLEY AND N.-W. RAJPUTANA	5,595	...	...	41	...	9	...	...	14	...	1	2	...	...	7	2	2	2	3	1	1	...	8	...	7	94	6	1·07	17·87
Nowgong	370	...	...	3	...	..	...	..	1	...	...	...	..	...	...	...	...	...	...	...	...	...	2	...	...	3	3	8·11	16·22
Jhansi	741	...	...	3	1	..	...	...	...	...	...	...	1	...	...	1	...	...	1	...	...	...	...	...	...	7	...	...	9·45
Sipri	101	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	19·80
Agra	1,198	...	...	7	...	...	...	...	...	...	1	1	...	2	...	...	2	...	2	...	...	...	...	1	1	16	1	·83	14·19
Nasirabad	757	...	...	3	...	...	...	..	1	..	...	1	...	...	...	...	1	...	4	...	...	...	1	...	...	10	1	1·32	14·53
Neemuch	436	...	...	1	...	...	...	...	1	...	...	1	...	..	...	1	...	...	2	...	...	...	...	...	...	6	...	...	13·76
Indore	106	...	..	...	...	...	...		..	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	9·43
Mhow	1,642	...	1	25	...	...	...	.	...	...	2	1	1	1	...	...	2	...	2	...	...	...	1	...	3	38	1	·61	23·75
Ahmedabad	236	...	...	1	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	4	...	1	7	1	4·24	33·90
Deesa	369	...	...	1	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2·71
VIII.—S. E. RAJPUTANA, C. I. & GUJARAT	5,956	...	1	44	1	1	..	...	3	...	3	4	2	3	...	3	5	...	12	...	...	...	8	1	7	91	7	1·18	16·45

STATIONS.	Average Annual Strength.	Causes of Death. Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Valve Disease and Aneurysm.	Other Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Urinary Diseases.	Scurvy.	Injuries.	Suicide.	All other Causes.	Total Deaths. In Hospital.	Out of Hospital.	Died per 1,000 of strength. Out of Hospital.	In and out of Hospital.
Ahmednagar	723	...	...	11	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	13	...	...	17·98
Poona	2,034	...	1	14	...	...	...	...	...	...	...	...	1	...	1	...	...	...	2	...	...	...	5	2	1	22	5	2·46	13·27
Kirkee	777	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	6	1	1·29	9·01
Satara	214	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2	9·35	9·35
Kamptee	776	...	1	6	...	...	...	...	2	...	2	...	...	1	...	...	...	...	1	...	...	...	...	...	...	12	1	1·29	16·75
Sitabaldi	44	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Belgam	1,180	...	...	1	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	...	...	...	2	...	2	8	...	...	6·78
Secunderabad	2,931	...	...	15	...	...	...	...	...	1	...	2	...	1	...	...	2	...	2	...	2	...	2	...	2	28	1	·34	9·89
Jubbulpore	901	...	...	4	2	...	...	...	...	...	1	...	...	...	1	...	1	...	1	...	...	...	3	...	1	12	2	2·22	15·54
Saugor	362	...	...	2	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	3	1	2·76	11·05
IX.—DECCAN	9,942	2	2	55	2	...	...	...	2	1	3	2	3	4	3	1	3	...	7	...	2	...	13	4	8	104	13	1·31	11·77
Colaba (Bombay)	1,354	...	...	1	1	1	1	...	1	...	...	...	1	1	...	...	...	1	2	...	2	...	6	...	2	14	6	4·43	14·77
Cannanore	105	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	...	...	...	...	...	...	...	3	...	...	28·57
Calicut	100	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	...	20·00
Mallapuram	145	...	...	...	...	...	...	...	1	..	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	13·79
X.—WESTERN COAST	1,704	...	...	2	1	1	1	...	2	...	...	...	3	1	...	...	2	1	3	...	2	...	6	...	2	21	6	3·52	15·85
Madras	523	...	...	2	...	...	...	...	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	2	7	...	...	13·38
St. Thomas' Mount	327	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	4	...	...	12·23
Pallavaram	55	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bangalore	2,114	...	...	11	...	...	...	...	...	...	...	2	...	...	2	...	...	...	...	...	...	...	2	1	...	14	4	1·89	8·51
Bellary	648	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	1	...	3	1	1·54	6·17
XI.—SOUTHERN INDIA	3,667	...	...	13	...	1	...	...	3	...	1	2	...	...	3	...	1	...	3	...	...	...	2	2	2	28	5	1·36	9·00
Gnathong	52	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ranikhet	1,013	...	...	3	...	...	...	...	...	...	...	1	...	1	...	...	1	...	1	...	...	...	...	...	2	9	...	...	8·88
Chaubuttia	284	...	...	1	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	3·52
Chakrata	997	...	...	1	...	...	..	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	3·01
Dagshai	747	...	...	18	...	...	...	..	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...	...	1	22	...	...	29·45
Solon	225	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	4	...	...	17·78
Subathu	466	...	...	6	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	12·88
Jutogh	233	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	4·29
Bhagsu	72	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Khyragully	63	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Baragully	45	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	22·22

XXII—*concluded.*

TABLE showing the MORTALITY in each STATION, the CAUSES of DEATH, and the RATIO of DEATHS to STRENGTH—concluded.

STATIONS.	Average Annual Strength.	Causes of Death.																								Total Deaths.		Died per 1,000 of strength.	
		Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Alcoholism.	Nervous Diseases.	Valve Disease and Aneurysm.	Other Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Urinary Diseases.	Scurvy.	Injuries.	Suicide.	All other Causes.	In Hospital.	Out of Hospital.	Out of Hospital.	In and out of Hospital.
Kuldunnah	453	...	...	3	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	...	...	...	1	...	6	1	2·21	15·45
Kalabagh	49	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	20·41
Camp Gharial	537	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	6	...	...	11·17
,, Thobba	293	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	2	...	...	6·83
,, Lower Topa	121	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ghora Dhaka	162	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	6·17
Cherat	454	...	...	9	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	10	...	...	22·03
Quetta	2,219	...	...	8	...	...	...	...	...	...	...	2	...	1	10	1	2	...	2	...	2	...	1	...	3	30	2	·90	14·42
Taragarh	41	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	24·39
Mount Abu	53	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Purandhur	131	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	3	...	...	22·90
Ramandrug	38	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Wellington	1,112	...	...	3	...	...	...	...	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	5	1	·90	5·40
Bernardmyo	166	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	6·02
XII*a*.—Hill Stations	10,026	...	...	63	...	...	...	...	1	...	2	4	...	5	13	1	6	...	7	...	3	...	1	1	10	113	4	·40	11·67
Darjeeling Depôt	368	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	3	...	...	8·15
Naini Tal ,,	196	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	10·20
Landour ,,	153	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	1	4	...	...	26·14
Kasauli ,,	363	...	...	3	...	...	...	...	...	...	...	...	...	...	2	1	...	...	2	...	...	...	...	...	2	10	...	...	27·55
Dalhousie ,,	714	...	...	11	...	...	...	...	...	...	1	...	...	...	1	...	...	...	1	1	1	...	...	...	...	16	...	...	22·41
Murree ,,	201	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	3	7	...	...	34·83
Pachmarhi ,,	109	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	...	18·35
Khandalla ,,	85	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	11·76
XII*b*.—Hill Convalescent Depôts	2,189	...	...	18	...	1	...	...	...	...	1	...	...	...	4	2	...	...	8	1	1	...	...	...	9	45	...	...	20·56
Waziristan Field Force	111	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bengal Troops marching	2,079	3	...	...	...	...	...	...	4	...	1	...	2	1	...	1	...	...	1	...	...	...	4	...	3	11	9	4·33	9·62
Madras Troops marching	101	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	9·90	9·90
Bombay Troops marching	77	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	12·99	12·99
Deolali Depôt	778	...	...	2	...	...	...	...	...	...	...	...	1	2	...	...	...	...	1	...	...	...	1	...	...	6	1	1·29	9·00
Poonamallee Depôt	78	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	1	...	1	...	...	...	1	4	1	12·82	64·10
Aden	1,049	...	...	1	...	...	...	...	5	...	...	1	1	1	2	...	1	...	3	...	...	...	...	1	1	16	1	·95	16·21
Army of Bengal	44,267	146	...	300	11	18	...	...	38	1	16	8	6	19	44	13	32	2	51	3	11	...	44	9	49	772	49	1·11	18·55
,, of Madras	13,397	1	...	39	1	5	...	...	7	2	1	4	2	4	5	1	7	...	13	...	4	...	13	5	13	109	18	1·34	9·48
,, of Bombay	13,418	2	3	70	1	3	1	...	10	...	5	6	7	8	4	2	4	2	21	...	3	...	23	4	15	172	22	1·64	14·46
Army of India	71,082	149	3	409	13	26	1	...	55	3	22	18	15	31	53	16	43	4	85	3	18	...	80	18	77	1,053	89	1·25	16·07

XXIII.

TABLE showing the PREVALENCE of INFLUENZA in each MONTH, and the DISTRIBUTION of the DISEASE by STATIONS and PRESIDENCIES.*

(India) . Average number constantly sick . . . . . 10·11 Average duration of a case . . . . 15·06 days.

STATIONS.	Average Annual Strength.	Number of Admissions into Hospital in each Month.												Total Admissions of the year.	Admission-rate per 1,000 of strength.	Number of Deaths.	Death-rate per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
I.—Rangoon . . .	992	...	...	...	...	...	...	...	5	...	...	...	...	5	5·0	...	...
V.—Benares . . .	406	...	...	4	6	6	...	...	...	...	...	...	...	16	39·4	...	...
Fyzabad . . .	895	...	...	...	1	...	...	...	...	...	...	...	...	1	1·1	...	...
Lucknow . . .	2,623	...	...	...	36	2	...	...	...	...	...	...	...	38	14·5	...	...
Cawnpore . . .	902	...	...	...	11	3	...	...	...	...	...	...	...	14	15·5	...	...
Allahabad . .	995	...	..	...	3	2	...	...	...	...	...	...	...	5	5·0	...	...
VI.—Muttra . . .	558	...	...	...	9	9	1	...	...	...	...	...	...	19	34·1	...	...
Roorkee . . .	455	5	...	2	...	...	...	...	...	...	...	...	...	7	15·4	...	...
Umballa . . .	1,911	1	...	...	...	...	...	...	...	...	...	...	...	1	·5	...	...
Meean Meer . .	858	...	1	...	...	...	...	...	...	...	...	...	...	1	1·2	...	...
VIII.—Nowgong . . .	370	...	...	...	...	7	...	...	...	...	...	...	...	7	18·9	...	...
Agra . . .	1,198	...	...	...	1	...	...	...	...	...	...	...	...	1	·8	...	...
XI.—Madras . . .	523	...	...	...	...	57	6	5	1	...	2	...	...	71	135·8	1	1·91
St. Thomas' Mount .	327	...	...	...	...	...	13	...	...	...	...	...	...	13	39·8	...	...
Bellary . . .	648	...	...	2	...	...	...	...	...	...	...	...	...	2	3·1	...	...
XII*a*.—Ranikhet . . .	1,013	...	8	2	...	...	4	...	...	...	...	...	...	14	13·8	...	...
Chakrata . . .	997	...	...	2	3	5	2	2	1	...	...	...	...	15	15·0	...	...
Solon . . .	225	...	...	...	...	7	4	...	...	...	...	...	...	11	48·9	...	...
Bhagsu . . .	72	...	...	...	...	3	...	...	...	...	...	...	...	3	41·7	...	...
Extra India.—Aden . .	1,049	1	...	...	...	...	...	...	...	...	...	...	...	1	1·0	...	...
ARMY OF BENGAL . .	44,267	6	9	10	70	44	11	2	1	...	...	...	...	153	3·5	...	...
„ OF MADRAS . .	13,397	...	...	2	...	57	19	5	6	...	2	...	...	91	6·8	1	·07
„ OF BOMBAY . .	13,418	1	...	...	...	...	...	...	...	...	...	...	...	1	·1	...	...
ARMY OF INDIA .	71,082	7	9	12	70	101	30	7	7	...	2	...	...	245	3·4	1	·01

* Stations where Influenza did not occur are not shown in this table.

XXIV.

TABLE showing the PREVALENCE of CHOLERA in each MONTH and the DISTRIBUTION of the disease by STATIONS and PRESIDENCIES.*

(India) . Average number constantly sick . . . . . 5·46 Average duration of a case . . . . . . 9·54 days.

STATIONS.	Average Annual Strength.	Number of Admissions into Hospital in each Month.												Total admissions of the year.	Admission-rate per 1,000 of strength.	Number of deaths.	Death-rate per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
II.—Meiktila . . .	338	...	...	...	...	...	...	...	...	1	...	...	...	1	3·0	1	2·96
IV.—Dum-Dum . .	761	...	...	...	...	...	...	...	1	...	...	...	...	1	1·3	1	1·31
V.—Dinapore . . .	998	...	...	...	...	...	...	11	8	...	...	...	...	19	19·0	16	16·03
Benares . . .	406	...	...	...	...	...	...	1	...	...	...	...	...	1	2·5	1	2·46
Lucknow . . .	2,623	...	...	...	...	...	...	118	26	...	...	...	...	144	54·9	97	36·98
Sitapur . . .	417	...	...	...	...	...	...	...	1	...	...	...	...	1	2·4	1	2·40
Fatehgarh . .	222	...	...	...	...	...	...	1	...	...	...	...	...	1	4·5	1	4·50
Cawnpore . .	902	...	...	...	...	2	5	8	4	...	...	...	...	19	21·1	13	14·41
Allahabad . .	995	...	1	...	...	...	...	9	1	...	...	...	...	11	11·1	10	10·05
Fort Allahabad . .	224	...	...	...	...	...	...	1	...	...	...	...	...	1	4·5	1	4·46
VI.—Shahjahanpur . .	417	...	...	...	...	...	...	...	...	...	...	1	...	1	2·4	1	2·40
Moradabad . .	90	...	...	...	...	1	...	...	...	...	...	...	...	1	11·1	...	...
Roorkee . . .	455	...	...	...	...	...	...	...	...	1	...	...	...	1	2·2	1	2·20
Umballa . . .	1,911	...	...	...	...	...	...	...	1	...	...	...	...	1	·5	...	...
IX.—Kirkee . . .	777	...	...	...	...	2	1	...	...	...	...	...	...	3	3·9	2	2·57
Bengal Troops marching .	2,079	...	...	...	..	...	...	...	...	...	...	3	...	3	1·4	3	1·44
ARMY OF BENGAL . .	44,267	...	1	...	...	3	5	149	42	1	...	4	...	205	4·6	146	3·30
" OF MADRAS . .	13,397	...	...	...	...	...	...	...	...	1	...	...	...	1	·1	1	·07
" OF BOMBAY . .	13,418	...	...	...	...	2	1	...	...	..	...	...	...	3	·2	2	·15
ARMY OF INDIA .	71,082	...	1	...	...	5	6	149	42	2	...	4	...	209	2·9	149	2·10

* Stations where Cholera did not occur are not shown in this table.

XXV.

TABLE showing the PREVALENCE of ENTERIC FEVER in each MONTH and the DISTRIBUTION of the disease by STATIONS and GROUPS of STATIONS.

(India) . Average number constantly sick . . . . 210·79 Average duration of a case . . . . . . 51·85 days.

STATIONS.	Average Annual Strength.	Number of Admissions into Hospital in each Month.												Total admissions of the year.	Admission-rate per 1,000 of strength.	Number of deaths.	Death-rate per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Port Blair	141	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon	992	...	...	...	...	...	...	2	...	...	...	...	1	3	3·0	1	1·01
I.—Burma Coast and Bay Islands	1,133	...	...	...	...	...	...	2	...	...	...	...	1	3	2·6	1	·88
Thayetmyo	558	...	...	...	...	...	...	1	1	...	...	...	...	2	3·6	2	3·58
Meiktila	338	...	...	...	...	...	2	...	...	...	1	...	...	3	8·9	1	2·96
Fort Dufferin (Mandalay)	995	...	...	...	...	...	...	1	3	2	1	...	1	8	8·0	2	2·01
Shwebo	486	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhamo	264	...	...	...	...	...	...	...	...	...	1	...	...	1	3·8	...	...
II.—Burma Inland	2,641	...	...	...	...	...	2	2	4	2	3	...	1	14	5·3	5	1·89
Fort William	1,108	...	1	1	...	2	...	1	...	...	...	...	1	6	5·4	1	·90
,, Fulta	21	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, Chingri Khal	23	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dum-Dum	761	...	1	...	1	1	1	...	...	...	...	2	1	7	9·2	5	6·57
Barrackpore	330	1	1	...	1	1	...	...	...	...	...	...	...	4	12·1	2	6·06
IV.—Bengal and Orissa	2,243	1	3	1	2	4	1	1	...	...	...	2	2	17	7·6	8	3·57
Dinapore	998	...	...	1	...	2	...	...	1	2	3	...	...	9	9·0	1	1·00
Benares	406	...	...	...	6	8	...	1	5	1	1	...	...	22	54·2	8	19·70
Fyzabad	895	...	...	1	6	8	2	...	1	1	1	...	...	20	22·3	4	4·47
Lucknow	2,623	2	...	4	7	14	2	8	6	5	6	3	10	67	25·5	21	8·01
Sitapur	417	...	...	...	...	1	2	...	2	1	1	...	...	7	16·8	4	9·59
Fatehgarh	222	...	1	...	1	...	...	...	1	...	...	...	...	3	13·5	2	9·01
Cawnpore	902	...	2	...	5	7	1	1	4	1	...	2	...	23	25·5	4	4·43
Allahabad	995	...	...	...	2	10	8	3	4	2	...	...	...	29	29·1	4	4·02
Fort Allahabad	224	...	...	...	...	1	...	1	...	...	1	...	...	3	13·4	1	4·46
V.—Gangetic Plain and Chutia Nagpur	7,682	2	3	6	27	51	15	14	24	13	13	5	10	183	23·8	49	6·38
Muttra	558	1	...	...	...	...	2	...	2	...	5	2	...	12	21·5	2	3·58
Shahjahanpur	417	1	1	...	1	4	...	1	5	4	1	1	...	19	45·6	5	11·99
Bareilly	1,371	3	1	1	5	6	...	...	5	2	...	10	7	40	29·2	6	4·38
Moradabad	90	...	...	...	...	1	...	1	...	...	2	...	...	4	44·4	...	...
Meerut	1,901	3	2	6	5	19	2	4	8	9	4	4	12	78	41·0	27	14·20
Delhi	309	...	...	...	...	3	...	...	1	1	...	...	3	8	25·9	5	16·18
Roorkee	455	...	1	...	1	1	...	...	1	1	...	...	2	7	15·4	2	4·40
Umballa	1,911	6	1	...	3	13	3	16	10	4	8	4	...	68	35·6	20	10·47
Jullundur	841	...	...	...	...	2	1	2	...	1	...	...	...	6	7·1	3	3·57
Ferozepore	1,104	...	...	...	3	3	2	...	3	...	5	2	1	19	17·2	7	6·34
Meean Meer	858	1	1	...	7	43	5	1	...	1	...	...	1	60	69·9	14	16·32
Fort Lahore	97	...	...	...	...	...	...	...	1	...	...	...	...	1	10·3	1	10·31
Amritsar	222	...	...	...	1	...	...	...	...	1	...	...	1	3	13·5	1	4·50
Sialkot	1,156	...	...	...	3	5	6	2	2	1	1	2	...	22	19·0	6	5·19
Rawalpindi	2,741	1	...	5	3	4	2	2	1	...	5	6	6	35	12·8	8	2·92
VI.—Upper Sub-Himalayan	14,031	16	7	12	32	104	23	29	39	25	31	31	33	382	27·2	107	7·63
Campbellpur	272	...	...	...	1	1	2	...	...	...	...	...	1	5	18·4	2	7·35
Attock	162	...	...	...	...	...	1	...	...	...	...	...	...	1	6·2	1	6·17
Nowshera	670	...	...	...	10	20	8	...	...	...	1	...	...	39	58·2	14	20·90
Peshawar	1,839	...	...	1	...	7	15	14	10	1	...	1	2	51	27·7	22	11·96
Mooltan	916	...	...	1	6	3	...	...	...	3	...	...	1	14	15·3	1	1·09
Hyderabad	316	...	...	1	...	...	...	...	...	...	...	...	...	1	3·2	...	...
Kurrachee	1,420	...	1	2	1	1	...	...	...	2	...	...	...	7	4·9	1	·70
VII.—Indus Valley and N.-W. Rajputana	5,595	...	1	5	18	32	26	14	10	6	1	1	4	118	21·1	41	7·33
Nowgong	370	...	...	1	1	1	1	...	...	...	...	...	...	4	10·8	3	8·11
Jhansi	741	...	...	...	2	1	...	...	2	2	...	...	...	7	9·4	3	4·05
Sipri	101	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Agra	1,198	...	1	1	7	3	1	...	10	9	4	8	1	45	37·6	7	5·84
Nasirabad	757	...	...	...	5	2	...	1	6	...	1	...	...	15	19·8	3	3·96
Neemuch	436	...	...	...	...	...	...	...	1	...	...	...	...	1	2·3	1	2·29
Indore	106	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mhow	1,642	...	1	...	2	2	...	71	23	4	6	1	...	110	67·0	25	15·23
Ahmedabad	236	...	...	1	...	1	2	2	1	...	1	...	...	8	33·9	1	4·24
Deesa	369	...	...	1	...	...	...	...	...	2	...	...	1	4	10·8	1	2·71
VIII.—S. E. Rajputana, C. I. and Gujarat	5,956	...	2	4	17	10	4	74	43	17	12	9	2	194	32·6	44	7·39

XXV—*continued.*

TABLE showing the PREVALENCE of ENTERIC FEVER in each MONTH and the DISTRIBUTION of the disease by STATIONS and GROUPS of STATIONS—continued.

STATIONS.	Average Annual Strength.	Number of Admissions into Hospital in each Month.												Total admissions of the year.	Admission-rate per 1,000 of strength.	Number of deaths.	Death-rate per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Ahmednagar	723	...	5	4	4	11	9	9	3	...	...	...	...	45	62·2	11	15·21
Poona	2,034	1	...	1	1	1	1	10	2	11	3	1	...	32	15·7	14	6·88
Kirkee	777	...	...	1	1	1	2	2	1	4	1	2	1	16	20·6	2	2·57
Satara	214	...	...	...	...	2	...	...	...	...	...	...	...	2	9·3	...	...
Kamptee	776	...	...	1	2	1	...	2	4	2	...	...	...	12	15·5	6	7·73
Sitabaldi	44	...	...	...	...	...	...	...	...	1	...	...	...	1	22·7	...	...
Belgam	1,180	...	...	...	...	1	...	...	...	1	...	...	...	2	1·7	1	·85
Secunderabad	2,931	1	4	3	1	6	1	11	10	8	14	...	2	61	20·8	15	5·12
Jubbulpore	901	...	...	...	2	3	3	2	1	2	4	3	2	22	24·4	4	4·44
Saugor	362	1	...	...	...	...	...	1	...	...	1	...	1	4	11·0	2	5·52
IX.—DECCAN	9,942	3	9	10	11	26	16	37	21	29	23	6	6	197	19·8	55	5·53
Colaba (Bombay)	1,354	...	...	...	1	1	1	...	...	...	...	...	...	3	2·2	1	·74
Cannanore	105	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Calicut	100	...	...	...	...	...	...	...	1	...	1	...	...	2	20·0	1	10·00
Mallapuram	145	...	...	...	...	...	1	1	...	...	...	...	...	2	13·8	...	...
X.—WESTERN COAST	1,704	..	...	...	1	1	2	1	1	...	1	...	...	7	4·1	2	1·17
Madras	523	...	1	...	...	...	...	...	1	2	4	...	...	8	15·3	2	3·82
St. Thomas' Mount	327	...	...	...	...	...	1	...	...	...	1	...	...	2	6·1	...	...
Pallavaram	55	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bangalore	2,114	...	...	2	4	5	3	5	6	7	4	3	...	39	18·4	11	5·20
Bellary	648	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XI.—SOUTHERN INDIA	3,667	...	1	2	4	5	4	5	7	9	9	3	...	49	13·4	13	3·55
Gnathong	52	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ranikhet	1,013	..	...	...	...	4	9	5	2	3	2	...	...	25	24·7	3	2·96
Chaubuttia	284	...	...	...	...	1	1	...	...	...	...	...	...	2	7·0	1	3·52
Chakrata	997	...	...	...	3	7	2	1	...	...	...	...	...	13	13·0	1	1·00
Dagshai	747	...	...	1	7	17	15	10	7	3	1	...	...	61	81·7	18	24·10
Solon	225	...	...	...	...	6	2	1	...	2	...	...	...	11	48·9	2	8·89
Subathu	466	...	...	1	2	9	6	7	7	4	2	...	...	38	81·5	6	12·88
Jutogh	233	...	...	...	1	...	...	1	1	1	...	...	...	4	17·2	1	4·29
Bhagsu	72	...	...	...	1	...	...	...	...	...	...	...	...	1	13·9	...	...
Khyragully	63	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Baragully	45	...	...	...	...	3	3	...	...	...	...	...	...	6	133·3	1	22·22
Kuldunnah	453	...	...	...	...	2	1	...	...	...	...	...	...	3	6·6	3	6·62
Kalabagh	49	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Camp Gharial	537	...	...	...	...	...	3	2	...	...	...	...	...	5	9·3	5	9·31
„ Thobba	293	...	...	...	1	...	...	...	...	...	...	...	...	1	3·4	...	...
„ Lower Topa	121	...	...	...	...	1	...	...	...	...	...	...	...	1	8·3	...	...
Ghora Dhaka	162	...	...	...	...	1	1	...	...	...	...	...	...	2	12·3	1	6·17
Cherat	454	...	...	...	...	6	11	12	3	...	...	...	...	32	70·5	9	19·82
Quetta	2,219	1	...	..	5	5	2	7	4	6	4	3	1	38	17·1	8	3·61
Taragarh	41	...	...	...	1	...	...	...	1	...	...	...	...	2	48·8	...	...
Mount Abu	53	...	...	...	1	...	...	...	...	...	...	...	...	1	18·9	...	...
Purandhur	131	...	...	...	...	...	1	...	...	...	...	...	...	1	7·6	1	7·63
Ramandrug	38	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Wellington	1,112	1	...	...	1	1	1	1	...	...	...	...	...	5	4·5	3	2·70
Bernardmyo	166	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XII*a*.—HILL STATIONS	10,026	2	...	2	23	63	58	47	25	19	9	3	1	252	25·1	63	6·28
Darjeeling Depôt	368	...	...	...	...	2	...	...	...	...	...	...	...	2	5·4	1	2·72
Naini Tal „	196	...	...	...	1	...	1	...	2	...	...	...	...	4	20·4	1	5·10
Landour „	153	...	...	...	...	...	...	...	1	...	1	...	...	2	13·1	1	6·54
Kasauli „	363	...	...	...	...	3	...	...	...	3	...	...	...	6	16·5	3	8·26
Dalhousie „	714	...	...	...	6	10	7	...	2	...	1	...	...	26	36·4	11	15·41
Murree „	201	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pachmarhi „	109	...	...	...	...	...	...	1	...	...	...	...	...	1	9·2	1	9·17
Khandalla „	85	...	...	...	...	...	1	...	...	...	...	...	...	1	11·8	...	...
XII*b*.—HILL CONVALESCENT DEPÔTS	2,189	...	...	...	7	15	9	1	5	3	2	...	...	42	19·2	18	8·22
Waziristan Field Force	111	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bengal Troops marching	2,079	1	...	...	1	3	...	...	...	...	2	1	3	11	5·3	...	...
Madras „ „	101	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bombay „ „	77	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Deolali Depôt	778	2	...	...	...	...	...	...	...	...	4	...	3	9	11·6	2	2·57
Poonamallee Depôt	78	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Aden	1,049	1	...	...	...	1	...	...	...	...	3	...	1	6	5·7	1	·95
ARMY OF BENGAL	44,267	22	14	25	118	278	134	108	115	77	67	54	57	1,069	24·1	300	6·78
„ OF MADRAS	13,397	2	5	5	6	13	9	22	22	20	27	3	4	138	10·3	39	2·91
„ OF BOMBAY	13,418	4	7	12	19	24	17	97	42	26	19	4	6	277	20·6	70	5·22
ARMY OF INDIA	71,082	28	26	42	143	315	160	227	179	123	113	61	67	1,484	20·9	409	5·75

XXVI.

TABLE showing the PREVALENCE of MALARIAL FEVERS in each MONTH and their DISTRIBUTION by STATIONS and GROUPS of STATIONS.

(India)* . Average number constantly sick . . . . . 981·68 Average duration of a case . . . . . 12·01 days.

STATIONS.	Average Annual Strength.	Number of Admissions into Hospital in each Month.												Total admissions of the year.	Admission-rate per 1,000 of strength.	Number of deaths.	Death-rate per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Port Blair	141	...	9	...	...	...	...	...	...	...	11	20	6	46	326·2	...	...
Rangoon	992	6	2	2	27	76	35	23	18	10	79	140	42	460	463·7	1	1·01
I.—BURMA COAST AND BAY ISLANDS	1,133	6	11	2	27	76	35	23	18	10	90	160	48	506	446·6	1	·88
Thayetmyo	558	8	11	8	12	25	24	25	12	12	6	7	3	153	274·2	1	1·79
Meiktila	338	6	13	9	4	4	3	2	...	5	9	8	13	76	224·9	...	...
Fort Dufferin (Mandalay)	995	13	10	5	16	25	15	18	18	30	30	26	22	228	229·2	2	2·01
Shwebo	486	19	15	18	6	19	19	21	15	4	15	8	5	164	337·4	1	2·06
Bhamo	264	16	8	3	5	11	5	18	27	23	40	28	9	193	731·1	...	...
II.—BURMA INLAND	2,641	62	57	43	43	84	66	84	72	74	100	77	52	814	308·2	4	1·51
Fort William	1,108	17	5	21	23	25	26	32	25	17	26	23	15	255	230·1	...	...
„ Fulta	21	...	...	...	..	...	...	...	...	...	...	...	2	2	95·2	...	...
„ Chingri Khal	23	...	...	...	...	...	...	...	...	...	...	...	15	15	652·2	...	...
Dum-Dum	761	12	12	6	12	13	4	6	8	14	10	6	4	107	140·6	...	...
Barrackpore	330	9	9	7	13	15	6	21	30	32	33	43	63	281	851·5	1	3·03
IV.—BENGAL AND ORISSA	2,243	38	26	34	48	53	36	59	63	63	69	72	99	660	294·2	1	·45
Dinapore	998	10	4	13	17	26	25	19	12	31	52	27	6	242	242·5	...	...
Benares	406	29	14	14	13	17	30	30	14	15	16	14	5	211	519·7	...	...
Fyzabad	895	1	8	7	11	13	12	13	10	27	33	11	4	150	167·6	1	1·12
Lucknow	2,623	17	18	26	11	25	29	27	13	26	30	7	20	249	94·9	1	·38
Sitapur	417	10	15	25	17	27	20	21	17	10	16	8	3	189	453·2	...	...
Fatehgarh	222	2	1	1	2	1	2	1	...	7	7	3	...	27	121·6	...	...
Cawnpore	902	5	3	3	4	14	10	30	11	27	26	18	8	159	176·3	...	...
Allahabad	995	11	6	6	15	18	28	21	17	161	112	51	17	463	465·3	1	1·01
Fort Allahabad	224	1	5	2	3	9	7	1	2	5	23	5	4	67	299·1	...	...
V.—GANGETIC PLAIN AND CHUTIA NAGPUR	7,682	86	74	97	93	150	163	163	96	309	315	144	67	1,757	228·7	3	·39
Muttra	558	8	5	4	9	16	10	19	26	37	61	13	9	217	388·9	...	...
Shahjahanpur	417	...	4	...	...	1	6	8	2	4	4	6	...	35	83·9	...	...
Bareilly	1,371	14	5	9	4	13	4	5	10	18	13	14	22	131	95·6	1	·73
Moradabad	90	...	...	1	...	1	1	7	13	42	28	3	...	96	1,066·7	...	...
Meerut	1,901	24	39	22	23	32	31	86	125	188	163	160	121	1,014	533·4	2	1·05
Delhi	309	8	7	3	4	13	11	46	81	85	134	49	25	466	1,508·1	1	3·24
Roorkee	455	5	11	4	6	5	2	5	6	8	5	4	1	62	136·3	...	...
Umballa	1,911	36	10	16	9	9	7	10	50	145	266	93	25	676	353·7	1	·52
Jullundur	841	13	5	13	14	14	6	16	33	57	84	22	2	279	331·7	...	...
Ferozepore	1,104	57	32	32	38	40	44	47	241	278	444	227	162	1,642	1,487·3	4	3·62
Meean Meer	858	46	16	9	3	38	39	58	99	137	270	247	198	1,160	1,352·0	...	...
Fort Lahore	97	5	1	...	2	6	6	10	31	63	47	33	25	229	2,360·8	...	...
Amritsar	222	12	4	5	7	10	7	35	52	72	71	14	10	299	1,346·8	1	4·50
Sialkot	1,156	18	11	18	29	47	25	24	55	72	98	54	23	474	410·0	...	...
Rawalpindi	2,741	56	33	162	208	163	27	66	133	194	224	141	140	1,547	564·4	3	1·09
VI.—UPPER SUB-HIMALAYAN	14,031	302	183	298	356	408	226	442	957	1,400	1,912	1,080	763	8,327	593·5	13	·93
Campbellpur	272	1	...	...	4	1	7	9	9	17	78	16	26	168	617·6	...	...
Attock	162	4	2	2	5	...	3	1	5	11	24	14	12	83	512·3	...	...
Nowshera	670	1	5	10	19	47	36	38	28	146	149	68	8	555	828·4	3	4·48
Peshawar	1,839	51	35	70	125	247	138	97	106	529	560	414	205	2,577	1,401·3	5	2·72
Mooltan	916	29	15	16	32	47	61	67	54	80	113	66	24	604	659·4	...	...
Hyderabad	316	...	...	18	16	16	10	9	8	11	25	18	...	131	414·6	...	...
Kurrachee	1,420	120	67	21	30	91	48	43	36	87	150	207	335	1,235	869·7	1	·70
VII.—INDUS VALLEY AND N.-W. RAJPUTANA	5,595	206	124	137	231	449	303	264	246	881	1,099	803	610	5,353	956·7	9	1·61
Nowgong	370	1	4	15	20	31	24	26	14	18	30	36	18	237	640·5	...	...
Jhansi	741	13	6	5	5	9	2	29	56	141	283	166	68	783	1,056·7	1	1·35
Sipri	101	...	6	1	3	8	5	6	13	20	14	3	10	89	881·2	...	...
Agra	1,198	11	3	6	9	10	15	18	14	12	27	3	4	132	110·2	...	...
Nasirabad	757	8	2	14	28	19	14	42	91	121	100	86	66	591	780·7	...	...
Neemuch	436	22	6	17	19	16	8	17	24	118	135	97	43	522	1,197·2	...	...
Indore	106	1	2	3	1	2	1	5	9	7	11	3	2	47	443·4	...	...
Mhow	1,642	36	36	36	25	24	32	61	77	72	86	41	22	548	333·7	...	...
Ahmedabad	236	19	4	1	2	13	11	15	28	46	39	15	6	199	843·2	1	4·24
Deesa	369	46	21	7	2	5	...	9	20	30	29	15	6	190	514·9	...	...
VIII.—S. E. RAJPUTANA, C. I. AND GUJARAT	5,956	157	90	105	114	137	112	228	346	585	754	465	245	3,338	560·4	2	·34

* Excluding Waziristan Field Force.

XXVI—*continued.*

TABLE showing the PREVALENCE of MALARIAL FEVERS in each MONTH and their DISTRIBUTION by STATIONS and GROUPS of STATIONS—continued.

STATIONS.	Average Annual Strength.	Number of Admissions into Hospital in each Month.												Total admissions of the year.	Admission-rate per 1,000 of strength.	Number of deaths.	Death-rate per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Ahmednagar	723	5	16	10	13	30	7	13	7	5	10	5	2	123	170·1	...	...
Poona	2,034	30	19	26	46	96	55	127	72	45	59	49	43	667	327·9	...	...
Kirkee	777	6	11	15	24	27	23	25	35	22	23	16	8	235	302·4	...	...
Satara	214	6	2	14	23	25	23	16	16	11	7	9	3	155	724·3	...	...
Kamptee	776	11	8	9	9	13	15	18	14	55	35	2	2	191	246·1	...	...
Sitabaldi	44	1	1	...	2	2	4	3	6	12	4	1	...	36	818·2	...	...
Belgam	1,180	2	1	4	7	7	5	12	4	9	8	11	8	78	66·1	...	...
Secunderabad	2,931	75	73	124	52	46	21	35	34	41	48	37	27	613	209·1	...	...
Jubbulpore	901	19	9	25	20	26	15	57	58	59	93	43	30	454	503·9	2	2·22
Saugor	362	7	3	4	5	9	7	14	19	34	76	34	18	230	635·4	...	...
IX.—DECCAN	9,942	162	143	231	201	281	175	320	265	293	363	207	141	2,782	279·8	2	·20
Colaba (Bombay)	1,354	19	17	19	23	34	14	14	25	24	59	30	17	295	217·9	2	1·48
Cannanore	105	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...
Calicut	100	...	...	1	...	1	...	...	1	1	...	...	...	4	40·0	...	...
Mallapuram	145	1	...	1	...	2	...	...	...	...	...	...	...	4	27·6	...	...
X.—WESTERN COAST	1,704	20	17	21	23	37	14	14	26	25	59	30	17	303	177·8	2	1·17
Madras	523	...	1	2	4	1	7	7	3	7	5	3	5	45	86·0	...	...
St. Thomas' Mount	327	...	...	21	5	19	3	2	...	8	6	4	2	70	214·1	1	3·06
Pallavaram	55	...	2	1	...	...	...	...	1	...	2	...	...	6	109·1	...	...
Bangalore	2,114	5	3	5	17	21	12	14	9	12	13	8	10	129	61·0	...	...
Bellary	648	7	10	20	10	6	5	10	4	8	16	21	19	136	209·9	...	...
XI.—SOUTHERN INDIA	3,667	12	16	49	36	47	27	33	17	35	42	36	36	386	105·3	1	·27
Gnathong	52	...	...	...	...	...	...	1	...	...	...	...	...	1	19·2	...	...
Ranikhet	1,013	1	...	...	3	20	33	18	6	11	10	3	...	105	103·7	...	...
Chaubuttia	284	...	...	...	3	1	3	2	1	1	2	...	...	13	45·8	...	...
Chakrata	997	1	...	1	19	12	13	13	15	13	10	1	...	98	98·3	...	...
Dagshai	747	...	1	1	5	17	17	15	13	13	7	2	...	91	121·8	...	...
Solon	225	...	...	...	11	8	4	1	10	5	1	...	...	40	177·8	...	...
Subathu	466	1	...	...	1	...	3	16	13	17	3	1	1	56	120·2	...	...
Jutogh	233	...	...	...	5	4	3	2	1	...	2	...	...	17	73·0	...	...
Bhagsu	72	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Khyragully	63	...	...	...	...	...	...	...	...	...	1	...	...	1	15·9	...	...
Baragully	45	...	...	...	...	1	...	...	...	...	...	...	...	1	22·2	...	...
Kuldunnah	453	...	...	...	...	58	63	18	28	28	12	...	...	207	457·0	...	...
Kalabagh	49	...	...	...	...	2	1	1	...	...	1	...	...	5	102·0	...	...
Camp Gharial	537	...	...	...	1	9	8	5	4	9	1	...	...	37	68·9	...	...
,, Thobba	293	...	...	...	2	25	12	4	9	8	1	...	...	61	208·2	...	...
,, Lower Topa	121	...	...	...	...	1	3	1	5	3	...	...	...	13	107·4	...	...
Ghora Dhaka	162	...	...	...	...	9	4	6	6	5	2	...	...	32	197·5	...	...
Cherat	454	...	...	...	...	53	69	38	62	70	46	...	...	338	744·5	...	...
Quetta	2,219	94	87	83	93	126	74	132	299	446	355	153	81	2,023	911·7	...	...
Taragarh	41	...	...	...	3	1	1	3	1	10	6	2	...	27	658·5	...	...
Mount Abu	53	11	2	...	1	6	4	4	1	...	...	...	1	30	566·0	...	...
Purandhur	131	3	3	1	1	3	3	2	1	1	5	4	5	32	244·3	...	...
Ramandrug	38	...	...	1	2	1	1	...	...	...	...	...	...	5	131·6	...	...
Wellington	1,112	2	3	8	34	35	25	20	13	18	8	...	3	169	152·0	...	...
Bernardmyo	166	22	7	2	2	4	3	4	2	1	1	1	...	49	295·2	...	...
XII*a*.—HILL STATIONS	10,026	135	103	97	186	396	347	306	490	659	474	167	91	3,451	344·2	...	...
Darjeeling Depôt	368	...	...	5	6	6	4	2	3	1	1	...	3	31	84·2	...	...
Naini Tal ,,	196	...	...	1	2	5	6	9	3	...	2	...	...	28	142·9	...	...
Landour ,,	153	...	...	1	9	16	7	2	5	5	2	...	...	47	307·2	...	...
Kasauli ,,	363	1	...	5	9	18	20	17	14	6	4	...	2	96	264·5	...	...
Dalhousie ,,	714	3	...	2	30	34	23	32	29	18	6	5	3	185	259·1	...	...
Murree ,,	201	...	...	3	3	26	20	12	19	11	6	...	...	100	497·5	1	4·98
Pachmarhi ,,	109	...	...	...	1	4	4	3	5	5	7	2	...	31	284·4	...	...
Khandalla ,,	85	1	4	2	2	1	...	...	...	...	1	1	2	14	164·7	...	...
XII*b*.—HILL CONVALESCENT DEPÔTS	2,189	5	4	19	62	110	84	77	78	46	29	8	10	532	243·0	1	·46
Waziristan Field Force	111	...	...	...	...	...	...	...	...	...	...	54	40	94	846·8	...	...
Bengal Troops marching	2,079	80	37	6	2	13	...	...	...	...	38	263	168	607	292·0	...	...
Madras ,, ,,	101	3	1	...	...	...	...	...	...	...	...	...	...	4	39·6	...	...
Bombay ,, ,,	77	1	1	...	2	...	...	...	...	...	1	1	...	6	77·9	...	...
Deolali Depôt	778	34	25	26	21	25	59	49	25	8	55	32	26	385	494·9	...	...
Poonamallee Depôt	78	...	...	...	...	...	1	...	...	1	1	...	...	3	38·5	...	...
Aden	1,049	74	57	56	36	89	88	61	27	27	28	42	40	625	595·8	...	...
ARMY OF BENGAL	44,267	744	496	691	949	1,514	1,132	1,376	2,042	3,514	4,263	2,643	1,650	21,014	474·7	29	·66
,, OF MADRAS	13,397	185	169	235	203	303	184	211	161	190	298	322	174	2,635	196·7	6	·45
,, OF BOMBAY	13,418	454	304	295	329	538	420	536	523	712	868	676	629	6,284	468·3	4	·30
ARMY OF INDIA	71,082	1,383	969	1,221	1,481	2,355	1,736	2,123	2,726	4,416	5,429	3,641	2,453	29,933	421·1	39	·55

XXVII.

TABLE showing the PREVALENCE of RHEUMATIC FEVER in each MONTH and the DISTRIBUTION of the disease by STATIONS and PRESIDENCIES.*

(India) . Average number constantly sick . . . . . 12·36 Average duration of a case . . . . . 56·39 days.

STATIONS.	Average Annual Strength.	Number Admitted into Hospital in each Month.												Total admissions of the year.	Admission-rate per 1,000 of strength.	Number of deaths.	Death-rate per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
I.—Rangoon . . .	992	1	...	...	...	...	...	...	...	...	...	...	...	1	1·0	...	...
II.—Shwebo . . .	486	...	...	...	1	...	...	...	...	...	...	...	...	1	2·1	...	...
V.—Dinapore . . .	998	...	...	...	1	...	...	...	...	...	...	...	...	1	1·0	...	...
Sitapur . . .	417	...	...	...	...	...	...	...	...	1	...	...	...	1	2·4	...	...
Allahabad . .	995	...	...	...	...	1	...	...	...	...	...	...	...	1	1·0	...	...
VI.—Muttra . . .	558	...	...	...	...	...	1	...	...	...	...	...	...	1	1·8	...	...
Roorkee . . .	455	1	...	...	...	...	...	...	...	...	...	...	...	1	2·2	...	...
Umballa . . .	1,911	1	...	...	...	...	...	...	...	...	...	...	1	2	1·0	...	...
Jullundur . . .	841	...	1	1	...	...	...	...	...	...	...	...	...	2	2·4	...	...
Ferozepore . .	1,104	...	2	...	...	...	...	...	...	...	...	...	...	2	1·8	...	...
Sialkot . . .	1,156	1	...	1	...	...	...	...	...	...	...	...	...	2	1·7	...	...
Rawalpindi . .	2,741	1	...	...	1	...	1	...	...	...	...	1	3	7	2·6	...	...
VII.—Nowshera . .	670	...	1	...	...	...	...	...	...	...	...	...	1	2	3·0	...	...
Peshawar . . .	1,839	1	1	1	1	...	...	1	...	...	...	...	...	5	2·7	...	...
VIII.—Jhansi . . .	741	...	...	...	1	...	...	...	...	...	...	...	...	1	1·3	...	...
Nasirabad . .	757	...	...	...	...	1	...	...	...	...	...	...	...	1	1·3	...	...
Mhow . . .	1,642	...	...	1	...	...	...	...	...	...	...	...	...	1	·6	...	...
IX.—Kirkee . . .	777	...	...	...	...	...	...	...	...	1	...	...	...	1	1·3	...	...
Belgam . . .	1,180	...	...	...	...	...	...	...	...	1	...	...	...	1	·8	1	·85
Secunderabad . .	2,931	...	1	...	...	...	...	...	1	...	...	...	1	3	1·0	...	...
X.—Bombay (Colaba) .	1,354	...	...	...	...	...	...	...	...	...	...	1	1	2	1·5	...	...
XII*a*.—Gnathong . .	52	...	...	...	...	...	...	...	...	1	...	...	...	1	19·2	...	...
Ranikhet . . .	1,013	...	...	1	...	...	1	...	...	...	...	...	...	2	2·0	...	...
Chaubuttia . .	284	...	...	...	1	...	1	1	...	...	...	...	...	3	10·6	...	...
Chakrata . . .	997	...	...	...	...	...	1	...	...	...	...	...	...	1	1·0	...	...
Dagshai . . .	747	...	...	1	1	2	2	2	2	...	...	...	...	10	13·4	...	...
Solon . . .	225	...	...	...	...	1	...	...	...	...	...	...	...	1	4·4	...	...
Subathu . . .	466	...	...	...	...	2	...	2	...	...	...	...	...	4	8·6	...	...
Khyragully . .	63	...	...	...	...	...	...	1	...	...	...	...	...	1	15·9	...	...
Kuldunnah . .	453	...	...	...	...	1	...	...	...	...	...	...	...	1	2·2	...	...
Cherat . . .	454	...	...	...	...	...	...	1	...	...	...	...	...	1	2·2	...	...
Mount Abu . .	53	...	...	...	...	1	...	...	...	...	...	...	...	1	18·9	...	...
Wellington . .	1,112	...	1	...	1	1	...	1	...	...	...	...	...	4	3·6	...	...
XII*b*.—Dalhousie . .	714	...	...	...	...	...	...	1	...	...	...	...	...	1	1·4	...	...
Murree . . .	201	...	...	...	1	1	...	2	...	...	...	...	...	4	19·9	...	...
Bengal Troops Marching .	2,079	2	...	...	...	...	...	...	...	...	...	1	1	4	1·9	1	·48
Poonamalle Depôt . .	78	...	...	...	...	...	1	...	...	1	...	...	...	2	25·6	...	...
ARMY OF BENGAL . .	44,267	7	5	5	7	8	7	11	2	2	...	2	6	62	1·4	1	·02
" OF MADRAS . .	13,397	1	2	...	2	1	1	1	1	2	...	...	1	12	·9	1	·07
" OF BOMBAY . .	13,418	...	...	1	...	2	...	...	...	1	...	1	1	6	·4	...	...
ARMY OF INDIA .	71,082	8	7	6	9	11	8	12	3	5	...	3	8	80	1·1	2	·03

* Stations where Rheumatic Fever did not occur are not shown in this table.

XXVIII.

TABLE showing the PREVALENCE of VENEREAL DISEASE in the MILITARY STATIONS of the THREE PRESIDENCIES.

BENGAL.

STATIONS.	Average Annual Strength.	Total number of Admissions from venereal diseases.	Ratio per 1,000 of average annual strength.	NUMBER OF CASES.			
				Primary Syphilis.	Ulcer of Penis.	Secondary Syphilis.	Gonorrhœa.
Fort William	1,108	530	478·3	183	47	80	220
,, Fulta	21	11	523·8	3	1	1	6
,, Chingrí Khal	23	14	608·7	6	1	2	5
Dum Dum	761	473	621·6	53	253	27	140
Barrackpore	330	247	748·5	115	19	27	86
Dinapore	998	873	874·7	138	351	56	328
Benares	406	259	637·9	29	71	37	122
Fyzabad	895	537	600·0	288	1	50	198
Lucknow	2,623	1,539	586·7	752	104	191	492
Sitapur	417	303	726·6	176	6	18	103
Fatehgarh	222	95	427·9	24	...	42	29
Cawnpore	902	595	659·6	275	...	120	200
Allahabad	995	503	505·5	132	130	46	195
Fort Allahabad	224	77	343·8	17	26	9	25
Muttra	558	172	308·2	25	29	21	97
Shajahanpur	417	375	899·3	178	8	76	113
Bareilly	1,371	1,008	735·2	513	...	136	359
Moradabad	90	28	311·1	10	...	1	17
Meerut	1,901	838	440·8	48	416	87	287
Delhi	309	98	317·2	30	13	9	46
Roorkee	455	191	419·8	32	54	17	88
Umballa	1,911	819	428·6	360	38	110	311
Jullundur	841	412	489·9	155	...	52	205
Ferozepore	1,104	425	385·0	64	128	49	184
Meean Meer	858	516	601·4	189	19	63	245
Fort Lahore	97	34	350·5	13	7	...	14
Amritsar	222	83	373·9	7	16	5	55
Sialkot	1,156	414	358·1	222	12	27	153
Rawalpindi	2,741	1,276	465·5	477	157	168	474
Campbellpur	272	214	786·8	52	67	17	78
Attock	162	68	419·8	2	17	2	47
Nowshera	670	301	449·3	40	60	58	143
Peshawar	1,839	542	294·7	67	194	59	222
Mooltan	916	349	381·0	53	61	33	202
Nowgong	370	388	1,048·6	56	151	28	153
Jhansi	741	488	658·6	207	35	55	191
Sipri	101	54	534·7	10	5	6	33
Agra	1,198	661	551·8	244	9	119	289
Jubbulpore	901	454	503·9	178	45	75	156
Saugor	362	227	627·1	26	71	30	100
Gnathong	52	18	346·2	5	...	9	4
Ranikhet	1,013	659	650·5	291	...	125	243
Chaubuttia	284	129	454·2	60	...	26	43
Chakrata	997	537	538·6	168	196	57	116
Dagshai	747	262	350·7	93	1	74	94
Solon	225	56	248·9	16	3	8	29
Subathu	466	201	431·3	107	5	23	66
Jutogh	233	82	351·9	30	2	16	34
Bhagsu	72	40	555·6	2	11	1	26
Khyragully	63	15	238·1	2	4	4	5
Baragully	45	4	88·9	...	1	3	...
Kuldunnah	453	179	395·1	30	37	53	59
Kalabagh	49	13	265·3	2	4	2	5
Camp Gharial	537	197	366·9	68	20	18	91
,, Thobba	293	117	399·3	24	39	6	48
,, Lower Topa	121	53	438·0	9	17	8	19
Ghora Dhaka	162	46	284·0	5	10	10	21
Cherat	454	96	211·5	5	28	28	35
Quetta	2,219	972	438·0	264	212	219	277
Darjeeling Depôt	368	130	353·3	44	16	29	41
Naini Tal ,,	196	85	433·7	25	2	37	21
Landour ,,	153	37	241·8	5	...	15	17
Kasauli ,,	363	147	405·0	69	...	29	49
Dalhousie ,,	714	375	525·2	133	21	42	179
Murree ,,	201	76	378·1	25	18	10	23
Pachmarhi ,,	109	24	220·2	7	3	5	9
Waziristan Field Force	111	26	234·2	4	7	1	14
Troops on the march	2,079	1,050	505·1	383	158	74	435
BENGAL PRESIDENCY	44,267	22,117	499·6	7,325	3,437	2,941	8,414

XXVIII—*continued.*

TABLE showing the PREVALENCE of VENEREAL DISEASE in the MILITARY STATIONS of the THREE PRESIDENCIES.

MADRAS.

STATIONS.	Average Annual Strength.	Total number of Admissions from venereal diseases.	Ratio per 1,000 of average annual strength.	Number of Cases.			
				Primary Syphilis.	Ulcer of Penis.	Secondary Syphilis.	Gonorrhœa.
Port Blair	141	30	212·8	3	13	4	10
Rangoon	992	520	524·2	219	20	92	189
Thayetmyo	558	251	449·8	118	12	44	77
Meiktila	338	196	579·9	25	82	41	48
Fort Dufferin (Mandalay)	995	715	718·6	95	299	48	273
Shwebo	486	290	596·7	132	...	73	85
Bhamo	264	67	253·8	14	34	7	12
Belgam	1,180	805	682·2	404	2	160	239
Secunderabad	2,931	1,556	530·9	783	56	228	489
Cannanore	105	30	285·7	16	...	2	12
Calicut	100	49	490·0	5	14	10	20
Mallapuram	145	74	510·3	17	2	9	46
Madras	523	284	543·0	83	37	46	118
St. Thomas' Mount	327	163	498·5	44	3	59	57
Pallavaram	55	28	509·1	9	10	1	8
Bangalore	2,114	898	424·8	311	54	305	228
Bellary	648	336	518·5	127	42	47	120
Ramandrug	38	18	473·7	5	2	4	7
Wellington	1,112	512	460·4	183	6	146	177
Bernardmyo	166	42	253·0	19	...	6	17
Poonamallee Depôt	78	27	346·2	1	1	19	6
Troops on the march	101	37	366·3	16	...	8	13
Madras Presidency	13,397	6,928	517·1	2,629	689	1,359	2,251

XXVIII—*concluded.*

TABLE showing the PREVALENCE of VENEREAL DISEASE in the MILITARY STATIONS of the THREE PRESIDENCIES.

BOMBAY.

STATIONS.	Average Annual Strength.	Total number of Admissions from venereal diseases.	Ratio per 1,000 of average annual strength.	Number of Cases.			
				Primary Syphilis.	Ulcer of Penis.	Secondary Syphilis.	Gonorrhœa.
Hyderabad	316	185	585·4	77	1	17	90
Kurrachee	1,420	461	324·6	252	4	36	169
Nasirabad	757	333	439·9	93	38	55	147
Neemuch	436	343	786·7	104	78	43	118
Indore	106	126	1,188·7	12	47	6	61
Mhow	1,642	1,360	828·3	409	323	131	497
Ahmedabad	236	211	894·1	8	53	18	132
Deesa	369	161	436·3	22	54	18	67
Ahmednagar	723	197	272·5	55	42	12	88
Poona	2,034	1,210	594·9	589	76	186	359
Kirkee	777	405	521·2	177	29	71	128
Satara	214	105	490·7	20	...	14	71
Kamptee	776	311	400·8	130	...	27	154
Sitabaldi	44	26	590·9	11	...	3	12
Colaba (Bombay)	1,354	706	521·4	94	208	90	314
Taragarh	41	18	439·0	5	...	7	6
Mount Abu	53	30	566·0	3	9	14	4
Purandhur	131	40	305·3	13	2	8	17
Khandalla Depôt	85	28	329·4	4	8	6	10
Deolali Depôt	778	568	730·1	152	65	210	141
Aden	1,049	472	450·0	112	170	27	163
Troops on the march	77	10	129·9	3	4	1	2
Bombay Presidency	13,418	7,306	544·5	2,345	1,211	1,000	2,750
Army of Bengal	44,267	22,117	499·6	7,325	3,437	2,941	8,414
,, of Madras	13,397	6,928	517·1	2,629	689	1,359	2,251
,, of Bombay	13,418	7,306	544·5	2,345	1,211	1,000	2,750
Army of India	71,082	36,351	511·4	12,299	5,337	5,300	13,415

XXVIII*a*.

TABLE showing the DIFFERENT FORMS of VENEREAL DISEASE in the ARMIES of the THREE PRESIDENCIES.

BENGAL.

AVERAGE ANNUAL STRENGTH 44,267.

Detail of Venereal Diseases.	Number of Admissions.	Ratio per 1,000 of average annual strength.
Primary Syphilis	7,325	165·5 } 243·1
Ulcer of Penis	3,437	77·6 }
Secondary Syphilis	2,941	66·4
Gonorrhœa	8,414	190·1

BOMBAY.

AVERAGE ANNUAL STRENGTH 13,418.

Detail of Venereal Diseases.	Number of Admissions.	Ratio per 1,000 of average annual strength.
Primary Syphilis	2,345	174·8 } 265·0
Ulcer of Penis	1,211	90·3 }
Secondary Syphilis	1,000	74·5
Gonorrhœa	2,750	204·9

MADRAS.

AVERAGE ANNUAL STRENGTH 13,397.

Detail of Venereal Diseases.	Number of Admissions.	Ratio per 1,000 of average annual strength.
Primary Syphilis	2,629	196·2 } 247·7
Ulcer of Penis	689	51·4 }
Secondary Syphilis	1,359	101·4
Gonorrhœa	2,251	168·0

INDIA.

AVERAGE ANNUAL STRENGTH 71,082.

Detail of Venereal Diseases.	Number of Admissions.	Ratio per 1,000 of average annual strength.
Primary Syphilis	12,299	173·0 } 248·1
Ulcer of Penis	5,337	75·1 }
Secondary Syphilis	5,300	74·6
Gonorrhœa	13,415	188·7

	AVERAGE NUMBER CONSTANTLY SICK.					AVERAGE DURATION OF A CASE IN DAYS.				
	Primary Syphilis.	Ulcer of Penis.	Secondary Syphilis.	Gonorrhœa	Total venereal diseases.	Primary Syphilis.	Ulcer of Penis.	Secondary Syphilis.	Gonorrhœa	Total venereal diseases.
Army of Bengal *	630·39	306·16	307·97	633·18	1877·70	31·43	32·58	38·23	27·51	31·02
,, Madras	232·17	62·12	142·59	180·35	617·23	32·23	32·91	38·30	29·24	32·52
,, Bombay	198·96	86·62	85·86	195·81	567·25	30·97	26·11	31·34	25·99	28·34
,, India *	1061·52	454·90	536·42	1009·34	3,062·18	31·51	31·15	36·95	27·49	30·77

* Excluding Waziristan Field Force.

XXIX.

TABLE showing in DETAIL the CAUSES of DEATH in the ARMIES of the THREE PRESIDENCIES.

TOTAL LOSS OF THE ARMY OF INDIA BY DEATH—1142. PER 1,000 OF AVERAGE STRENGTH—16·07 (Calculated on the strength derived from the weekly returns).

CAUSES OF DEATH.	BENGAL.		MADRAS.		BOMBAY.		ARMY OF INDIA.		
	Deaths in Hospital.	Deaths out of Hospital.	Deaths in Hospital.	Deaths out of Hospital.	Deaths in Hospital.	Deaths out of Hospital.	Deaths in Hospital.	Deaths out of Hospital.	TOTAL.
Small-pox	...	...	...	...	3	...	3	...	3
Influenza	...	...	1	...	...	...	1	...	1
Diphtheria	1	...	...	...	1	...	2	...	2
Simple continued fever	...	...	...	...	1	...	1	...	1
Enteric fever	300	...	38	1	70	...	408	1	409
Cholera	145	1	1	...	2	...	148	1	149
Epidemic diarrhœa	...	...	...	...	1	...	1	...	1
Dysentery	32	...	7	...	4	...	43	...	43
Ague	11	...	...	1	1	...	12	1	13
Remittent fever	18	...	5	...	3	...	26	...	26
Beri-Beri	...	...	1	...	...	...	1	...	1
Erysipelas	4	...	...	...	...	...	4	...	4
Pyæmia	1	...	...	...	...	...	1	...	1
Secondary syphilis	3	...	...	1	1	...	4	1	5
Gonorrhœa	1	...	...	...	...	...	1	...	1
Hydrophobia	4	...	...	...	1	...	5	...	5
Alcoholism	...	...	...	1	...	...	...	1	1
Rheumatic fever	1	...	1	...	...	..	2	...	2
Enchondroma	1	...	...	...	...	...	1	...	1
Sarcoma	2	...	...	...	...	...	2	...	2
Carcinoma, not defined	...	...	1	...	2	...	3	...	3
,, scirrhus	1	...	...	...	...	...	1	...	1
Tubercle of the lungs	19	...	4	...	8	...	31	...	31
,, of kidney	1	...	...	...	...	...	1	...	1
,, of testicle	1	...	...	...	...	...	1	...	1
Purpura	1	...	...	...	...	...	1	...	1
Idiopathic anæmia	1	...	...	...	...	...	1	...	1
Congestion of the brain	1	...	...	...	1	...	2	...	2
Hæmorrhage into the brain	1	...	...	...	...	...	1	...	1
Inflammation of the membranes of the brain and spinal cord	1	...	...	...	...	...	1	...	1
,, ,, brain and its membranes	2	...	...	...	...	...	2	...	2
,, ,, cerebral membranes	2	...	...	...	2	...	4	...	4
Pachymeningitis	1	...	...	...	...	...	1	...	1
Myelitis	1	...	...	...	...	...	1	...	1
Abscess of the brain	1	...	...	...	1	...	2	...	2
Sclerosis ,, ,,	1	...	...	...	...	...	1	...	1
Apoplexy	...	1	1	...	...	...	1	1	2
Hemiplegia	1	...	...	...	...	...	1	...	1
Paraplegia	1	...	...	...	...	...	1	...	1
Tetanus	1	...	...	...	1	...	2	...	2
Dementia	1	...	...	...	...	...	1	...	1
Suppurative inflammation within the mastoid cells	...	...	...	...	1	...	1	...	1
Pericarditis	1	...	...	...	1	...	2	...	2
Endocarditis	...	...	...	...	1	...	1	...	1
Valvular disease of the heart	5	2	1	...	5	...	11	2	13
Fatty degeneration ,,	2	...	2	...	2	...	6	...	6
Excessive growth of fat on the heart	1	...	...	...	...	...	1	...	1
Syncope	...	2	...	...	...	2	...	4	4
Aneurysm of arteries	...	...	3	...	1	...	4	...	4
,, of the aorta bursting into pericardium	1	...	...	...	...	...	1	...	1
Rupture of arteries	...	...	...	...	...	1	...	1	1
Laryngitis	2	...	...	...	...	...	2	...	2
Bronchitis	2	...	...	...	...	...	2	...	2
Pneumonia	...	...	5	...	4	...	9	...	9
,, lobar	44	...	...	...	...	...	44	...	44
Abscess of the lung	2	...	...	...	...	...	2	...	2
Gangrene ,,	...	...	1	...	...	...	1	...	1
Chronic pneumonic phthisis	1	...	...	...	1	...	2	...	2
Pleurisy	4	...	...	...	1	...	5	...	5
Empyema	2	...	...	...	...	...	2	...	2
Noma	1	...	...	...	...	..	1	...	1
Inflammation of the stomach	3	...	...	...	1	...	4	...	4
Hæmorrhage from intestines including melæna	1	...	...	...	2	...	3	...	3
Inflammation of the intestines	1	...	1	...	...	...	2	...	2
Enteritis	3	...	2	...	...	...	5	...	5
Typhlitis	1	...	...	...	..	...	1	...	1
Colitis	1	...	...	...	...	...	1	...	1
Abscess in the sub-peritoneal tissue	...	...	...	...	1	...	1	...	1
Obstruction of the intestines	...	...	..	...	1	...	1	...	1
Volvulus	1	...	...	...	...	...	1	...	1
Internal strangulation of the intestines	1	...	...	...	...	...	1	...	1
Perforation of the intestines	1	...	...	...	1	...	2	...	2
Diarrhœa	2	...	...	...	...	1	2	1	3
Piles	1	...	...	...	...	...	1	...	1
Acute yellow atrophy of the liver	1	...	...	...	...	...	1	...	1
Hepatitis	3	...	...	...	...	...	3	...	3
Cirrhosis of the liver	...	...	1	...	1	...	2	...	2
Abscess of the liver	21	...	8	...	21	...	50	...	50
,, ,, associated with dysentery	30	...	5	...	...	...	35	...	35
Perforation of the hepatic ducts and gall bladder	1	...	...	...	...	...	1	...	1
Peritonitis	5	...	3	...	...	...	8	...	8
Splenitis	1	...	...	...	...	...	1	...	1
Lymphadenoma	...	...	...	...	1	...	1	...	1
Acute nephritis	3	...	...	...	2	...	5	...	5
Bright's disease	...	...	2	...	1	...	3	...	3
Chronic nephritis	5	...	...	...	...	...	5	...	5
Granular kidney	...	...	1	...	...	...	1	...	1
Abscess of kidney	1	...	1	...	...	...	2	...	2
Cystic disease of kidney	1	...	...	...	...	...	1	...	1
Suppression of urine	1	...	...	...	...	...	1	...	1
Gangrene of the penis	...	...	...	...	1	...	1	...	1
Caries of bone	1	...	1	...	...	...	2	...	2
,, of spine	1	...	...	...	...	...	1	...	1

CAUSES OF DEATH.	BENGAL.		MADRAS.		BOMBAY.		ARMY OF INDIA.		
	Deaths in Hospital.	Deaths out of Hospital.	Deaths in Hospital.	Deaths out of Hospital.	Deaths in Hospital.	Deaths out of Hospital.	Deaths in Hospital.	Deaths out of Hospital.	TOTAL.
Gangrene (854)	1	...	...	...	...	...	1	...	1
Accidental :—									
Poison—									
Alcohol	...	1	1	...	...	...	1	1	2
Poisonous fish	...	...	...	..	1	...	1	...	1
,, meat	1	...	...	...	...	...	1	...	1
Chloroform vapour	1	...	1	...	...	...	2	...	2
Poisoned wound—									
By panther	1	...	...	...	...	...	1	...	1
Sunstroke	1	...	2	...	...	...	3	...	3
Heat apoplexy	29	8	3	2	9	1	41	11	52
Multiple injury	1	1	1	...	1	1	3	2	5
Drowning	...	14	...	4	...	7	...	25	25
Asphyxia from plugging of the air passages with foreign substances	1	...	...	1	...	2	1	3	4
Shock	1	...	...	...	...	...	1	...	1
Contusion	...	...	1	...	...	...	1	...	1
,, of abdomen with rupture of viscera	...	1	...	...	...	...	...	1	1
Wounds, gunshot	1	3	...	...	...	1	1	4	5
Fractures	1	...	1	2	1	...	3	2	5
,, of skull	4	1	...	1	...	...	4	2	6
Simple fracture of spine with compression of cord	2	...	...	...	...	...	2	...	2
Rupture of spleen	...	...	1	...	...	...	1	...	1
,, and laceration of spleen	1	...	...	...	1	...	2	...	2
Concussion of the brain	...	1	...	...	1	...	1	1	2
Compression of the brain	...	...	...	...	1	...	1	...	1
Laceration of the brain without fracture	1	...	...	...	1	...	2	...	2
Dislocation of spine	1	...	...	...	...	...	1	...	1
,, ,, without fracture	...	1	...	...	...	...	...	1	1
Homicidal—									
Gunshot	2	2	...	...	3	...	5	2	7
Suicidal—									
Multiple injury(lying down in front of a train)	...	...	...	...	...	1	...	1	1
Hanging	...	3	...	...	...	...	...	3	3
Gunshot	...	5	1	4	...	...	1	9	10
Cut-throat	...	1	...	...	...	3	...	4	4
Judicial—									
Hanging	...	1	...	...	...	2	...	3	3
TOTAL	772	49	109	18	172	22	1,053	89	1,142

XXIXa.

For RATIOS of the above calculated on the STRENGTH derived from the WEEKLY RETURNS.

BENGAL. Strength 44,267.		MADRAS. Strength 13,397.		BOMBAY. Strength 13,418.		INDIA. Strength 71,082.	
Deaths.	Ratio per 1,000 of Strength.	Deaths.	Ratio per 1,000 of Strength.	Deaths.	Ratio per 1,000 of Strength.	Deaths.	Ratio per 1,000 of Strength.
1	·02	1	·07	1	·07	1	·01
2	·05	2	·15	2	·15	2	·03
3	·07	3	·22	3	·22	3	·04
4	·09	4	·30	4	·30	4	·06
5	·11	5	·37	5	·37	5	·07
6	·14	6	·45	6	·45	6	·08
7	·16	7	·52	7	·52	7	·10
8	·18	8	·60	8	·60	8	·11
9	·20	9	·67	9	·67	9	·13
11	·25	18	1·34	21	1·57	11	·15
14	·31	38	2·84	22	1·64	12	·17
18	·41	109	8·14	70	5·22	13	·18
19	·43	127	9·48	172	12·82	25	·35
21	·47	...	...	194	14 46	26	·37
29	·66	...	...	...	...	31	·44
37	·84	...	...	...	...	35	·49
44	·99	...	...	...	...	41	·58
49	1·11	...	...	...	...	43	·60
145	3·28	...	...	...	...	44	·62
300	6·78	...	...	...	...	50	·70
772	17·44	...	...	...	...	52	·73
821	18·55	...	...	...	...	89	1·25
...	...	...	...	..	...	148	2·08
...	...	...	...	...	...	149	2·10
...	...	...	..		...	408	5·74
...	...	...	...	...	...	409	5·75
...	...	...	...	...	...	1,053	14·81
...	...	...	...	...	...	1,142	16·07

XXX.

TABLE showing in DETAIL the CAUSES of INVALIDING during 1894.

ARMY OF BENGAL—Number Invalided	1,056	Invalided per 1,000 of Strength	23·85
„ OF MADRAS „	387	„ „	28·87
„ OF BOMBAY „	365	„ „	27·21
„ OF INDIA „	1,808	„ „	25·43

CAUSES OF INVALIDING.	BENGAL.			MADRAS.			BOMBAY.			ARMY OF INDIA.		
	For change.	For discharge.	Total.	For change.	For discharge.	Total.	For change.	For discharge.	Total.	For change.	For discharge.	Total.
Dengue	...	...	...	...	...	...	2	...	2	2	...	2
Simple continued fever	...	...	...	...	...	...	1	...	1	1	...	1
Enteric fever	17	...	17	3	...	3	7	...	7	27	...	27
Dysentery	40	...	40	18	1	19	3	...	3	61	1	62
Ague	27	1	28	6	...	6	26	1	27	59	2	61
Remittent fever	3	...	3	1	...	1	...	...	...	4	...	4
Malarial cachexia	73	3	76	7	1	8	50	...	50	130	4	134
Primary syphilis	...	...	...	...	...	...	1	...	1	1	...	1
Secondary „	94	37	131	64	40	104	31	7	38	189	84	273
Gonorrhœa	7	4	11	4	2	6	9	...	9	20	6	26
Scurvy	...	1	1	...	...	...	...	...	...	...	1	1
Malformation of toes	...	1	1	...	...	...	...	...	...	...	1	1
Testicle retained in the inguinal canal	...	1	1	...	...	...	...	...	...	...	1	1
Debility	83	20	103	22	...	22	46	4	50	151	24	175
Rheumatic fever	2	1	3	1	1	2	...	...	...	3	2	5
Rheumatism	34	11	45	11	2	13	9	1	10	54	14	68
Osteo-arthritis	...	1	1	...	1	1	...	...	...	...	2	2
Fibroma	...	...	...	1	...	1	...	...	...	1	...	1
Osteoma	...	1	1	...	...	...	...	...	...	...	1	1
Tubercle of the lungs	12	46	58	5	22	27	4	9	13	21	77	98
„ of neck	...	...	...	...	...	...	2	2	4	2	2	4
„ of testicle	1	...	1	...	..	...	...	...	...	1	...	1
Scrofula	8	5	13	2	1	3	...	...	...	10	6	16
Anæmia	8	1	9	18	5	23	7	...	7	33	6	39
Diabetes mellitus	...	...	...	...	...	...	1	1	2	1	1	2
Myelitis	1	1	2	...	...	...	...	1	1	1	2	3
Neuritis	...	...	...	...	...	...	1	1	2	1	1	2
Sclerosis, not defined	...	...	...	...	1	1	...	...	...	...	1	1
„ insular	...	...	...	...	...	...	4	...	4	4	...	4
„ of the lateral columns	1	...	1	...	...	...	1	...	1	2	...	2
„ „ posterior „	...	2	2	...	...	...	1	...	1	1	2	3
Apoplexy	1	...	1	...	...	...	...	...	...	1	...	1
Paralysis	...	1	1	...	...	...	...	...	...	...	1	1
Hemiplegia	2	3	5	...	2	2	...	...	...	2	5	7
Paraplegia	1	...	1	...	1	1	...	...	...	1	1	2
Local paralysis	2	...	2	...	...	...	1	...	1	3	...	3
„ anæsthesia	1	...	1	...	...	...	...	...	...	1	...	1
Stammering	...	1	1	...	...	...	...	...	...	...	1	1
Neuralgia	1	...	1	1	...	1	1	...	1	3	...	3
Vertigo	...	...	...	...	...	...	1	1	2	1	1	2
Epilepsy	...	16	16	...	4	4	...	2	2	...	22	22
Chorea	...	...	...	...	2	2	...	...	...	...	2	2
Hystero-epilepsy	1	...	1	...	...	...	...	...	...	1	...	1
Somnambulism	...	...	...	...	1	1	...	...	...	...	1	1
Insanity	...	4	4	...	...	...	...	...	...	...	4	4
Mania	3	11	14	...	7	7	...	4	4	3	22	25
Melancholia	11	15	26	...	6	6	3	7	10	14	28	42
Dementia	...	20	20	...	7	7	2	7	9	2	34	36
Epileptic insanity	...	1	1	...	...	...	...	...	...	...	1	1
Toxic „	...	1	1	...	...	...	...	...	...	...	1	1
„ „ from alcohol	...	1	1	...	...	...	...	...	...	...	1	1
Conjunctivitis	2	1	3	...	...	...	...	...	...	2	1	3
„ granular	1	1	2	...	...	...	...	...	...	1	1	2
Keratitis	1	...	1	...	...	...	1	...	1	2	...	2
Ulcer of the cornea	1	...	1	...	...	...	1	...	1	2	...	2
Opacity „	1	3	4	...	...	...	...	...	...	1	3	4
Iritis	...	...	...	...	..	...	1	...	1	1	...	1
Congestion of optic disc	...	1	1	...	...	...	...	...	...	...	1	1
Inflammation of optic nerve	1	1	2	...	...	...	1	...	1	2	1	3
Retinitis	...	2	2	...	...	...	...	...	...	...	2	2
Cataract, lenticular	...	2	2	...	...	...	...	...	...	...	2	2
Dislocation of lens	...	...	...	...	...	...	1	...	1	1	...	1
Ametropia	...	...	...	...	1	1	...	...	...	...	1	1
Myopia	...	3	3	...	1	1	...	1	1	...	5	5
Hypermetropia	...	1	1	...	...	...	...	...	...	...	1	1
Astigmatism	...	2	2	...	1	1	...	...	...	...	3	3
Day-blindness	...	1	1	...	...	...	...	...	...	...	1	1
Sympathetic irritation of eye	1	...	1	...	...	...	...	...	...	1	...	1
Fistula of lacrymal sac	1	...	1	...	...	...	...	...	...	1	...	1
Inflammation of the external meatus	1	2	3	2	4	6	1	1	2	4	7	11
„ „ middle ear	1	3	4	...	...	...	...	...	...	1	3	4
„ „ tympanum	...	1	1	...	...	...	...	...	...	...	1	1
„ „ membrana tympani	2	2	4	...	...	...	1	1	2	3	3	6
Perforation „ „ „	1	14	15	...	3	3	...	3	3	1	20	21
Deafness	1	12	13	...	...	...	1	1	2	2	13	15
Valvular disease of the heart	3	48	51	1	7	8	3	12	15	7	67	74
Hypertrophy of the heart	...	2	2	...	1	1	...	...	...	...	3	3
Dilatation „ „	2	4	6	...	3	3	...	...	...	2	7	9
Palpitation	27	17	44	4	1	5	8	1	9	39	19	58
Aneurysm of arteries	...	4	4	1	1	2	...	...	...	1	5	6
Thrombosis „	2	...	2	...	...	...	...	...	...	2	...	2
Phlebitis	1	...	1	...	...	...	...	...	...	1	...	1
Phlegmasia dolens	1	1	2	...	...	...	...	1	1	1	2	3
Varix	...	8	8	...	2	2	...	1	1	...	11	11
Thrombosis of veins	1	...	1	...	...	...	...	...	...	1	...	1
Laryngitis	2	1	3	...	...	...	1	...	1	3	1	4
Aphonia	1	...	1	...	...	...	...	...	...	1	...	1
Bronchitis	1	4	5	3	1	4	...	1	1	4	6	10
Spasmodic asthma	1	1	2	...	...	...	...	...	...	1	1	2
Pneumonia	1	1	2	...	1	1	1	...	1	2	2	4
Chronic pneumonic phthisis	1	3	4	1	...	1	...	1	1	2	4	6
Emphysema	...	...	...	...	...	...	...	1	1	...	1	1
Pleurisy	1	1	2	...	...	...	...	1	1	1	2	3
Empyema	1	...	1	...	1	1	...	...	...	1	1	2

CAUSES OF INVALIDING.	BENGAL.			MADRAS.			BOMBAY.			ARMY OF INDIA.		
	For change.	For discharge.	TOTAL.	For change.	For discharge.	TOTAL.	For change.	For discharge.	TOTAL.	For change.	For discharge.	TOTAL.
Caries of dentine	...	1	1	...	...	...	...	...	...	...	1	1
Necrosis of alveoli	1	...	1	...	...	...	...	...	...	1	...	1
Inflammation of the salivary glands	...	...	...	1	...	1	...	...	...	1	...	1
,, ,, stomach	...	...	...	2	...	2	...	...	...	2	...	2
Ulceration ,, ,,	1	...	1	1	...	1	...	...	...	2	...	2
Dilatation ,, ,,	...	...	...	1	...	1	...	...	...	1	...	1
Dyspepsia	2	...	2	...	...	...	2	...	2	4	...	4
Inflammation of the intestines	...	...	...	1	...	1	...	...	...	1	...	1
Typhlitis	1	...	1	1	1	2	...	...	...	2	1	3
Obstruction of the intestines	...	...	...	...	...	...	...	1	1	...	1	1
Hernia	...	10	10	...	2	2	...	1	1	...	13	13
Diarrhœa	3	...	3	...	...	...	...	...	...	3	...	3
Abscess of rectum and anus	1	...	1	...	...	...	...	...	...	1	...	1
Piles	2	...	2	...	...	...	...	...	...	2	...	2
Prolapsus of the rectum and anus	...	1	1	...	...	...	...	...	...	...	1	1
Fistula in ano	1	...	1	...	...	...	1	...	1	2	...	2
Congestion of the liver	3	...	3	7	...	7	1	...	1	11	...	11
Hepatitis	20	1	21	9	...	9	8	...	8	37	1	38
Cirrhosis of the liver	...	1	1	...	...	...	2	...	2	2	1	3
Abscess ,,	7	...	7	2	...	2	11	1	12	20	1	21
,, ,, associated with dysentery	3	4	7	...	...	...	...	...	...	3	4	7
Jaundice	1	...	1	...	...	...	...	...	...	1	...	1
Ascites	1	...	1	...	...	...	...	...	...	1	...	1
Induration and enlargement of the spleen from ague	7	...	7	1	...	1	1	...	1	9	...	9
Congestion of the spleen	1	...	1	...	...	...	...	...	...	1	...	1
Splenitis	2	1	3	...	...	...	...	...	...	2	1	3
Inflammation and suppuration of lymph-glands	5	1	6	2	1	3	...	...	...	7	2	9
Lymphadenoma	...	1	1	...	...	...	...	...	...	...	1	1
Goitre	1	1	2	...	...	...	...	...	...	1	1	2
Acute nephritis	...	...	...	...	...	...	3	...	3	3	...	3
Bright's disease	...	...	...	1	...	1	2	1	3	3	1	4
Chronic nephritis	1	4	5	...	...	...	...	...	...	1	4	5
Granular kidney	...	1	1	...	...	...	...	...	...	...	1	1
Pyelitis	1	1	2	...	...	...	...	...	...	1	1	2
Abscess of kidney	...	1	1	...	...	...	...	1	1	...	2	2
Pyonephrosis	...	1	1	...	...	...	...	...	...	...	1	1
Calculus in kidney	...	...	...	...	1	1	...	...	...	...	1	1
Diabetes insipidus	1	...	1	...	...	...	...	...	...	1	...	1
Incontinence of urine	1	...	1	...	...	...	...	...	...	1	...	1
Stricture of urethra	1	8	9	1	...	1	...	...	...	2	8	10
Ulcer of the penis	...	...	...	1	...	1	...	...	...	1	...	1
Varicocele	...	1	1	1	2	3	...	...	...	1	3	4
Orchitis	...	1	1	1	1	2	1	1	2	2	3	5
Periostitis	...	...	...	1	1	2	...	...	...	1	1	2
,, circumscribed	1	1	2	...	...	...	...	...	...	1	1	2
,, diffuse	1	...	1	...	...	...	...	...	...	1	...	1
Caries	1	...	1	1	...	1	...	...	...	2	...	2
Inflammation of hip-joint	...	...	...	...	...	...	...	1	1	...	1	1
Synovitis	6	11	17	1	...	1	...	...	...	7	11	18
Ankylosis	...	1	1	...	1	1	...	...	...	...	2	2
Degeneration of cartilage and of the articular surface of bones (metacarpal)	1	...	1	...	...	...	...	...	...	1	...	1
Dislocation of articular cartilage	...	1	1	...	1	1	...	1	1	...	3	3
Relaxation of ligaments	...	1	1	...	...	...	...	...	...	...	1	1
Atrophy of muscles	4	...	4	...	...	...	...	...	...	4	...	4
Adhesion of tendons	...	2	2	...	...	...	1	...	1	1	2	3
Contraction of tendons and fasciæ	...	5	5	...	1	1	...	...	...	...	6	6
Contracted palmar fascia	...	1	1	...	...	...	...	...	...	...	1	1
Flat-foot	...	1	1	...	...	...	...	...	...	...	1	1
Bunion	...	...	...	1	...	1	...	...	...	1	...	1
Inflammation of the connective tissue	...	...	...	1	...	1	...	...	...	1	...	1
Abscess ,, ,, ,,	1	...	1	2	1	3	...	...	...	3	1	4
Undue formation of fat in the ,,	1	...	1	...	1	1	...	...	...	1	1	2
Eczema	1	...	1	...	1	1	...	...	...	1	1	2
Acne	1	...	1	...	...	...	...	...	...	1	...	1
Sycosis	1	...	1	...	...	...	...	...	...	1	...	1
Ulcer	1	1	2	...	...	...	1	...	1	2	1	3
Gangrene	...	...	...	1	...	1	...	...	...	1	...	1
Lupus	1	...	1	...	...	...	1	...	1	2	...	2
Accidental:—												
Poisoned wound—												
,, ,, by rabid dog	...	...	...	...	...	...	1	...	1	1	...	1
,, ,, ,, ,, horse	...	...	...	...	...	...	1	...	1	1	...	1
,, ,, ,, animal venom	3	...	3	...	...	...	...	...	...	3	...	3
Burns and scalds	...	...	...	...	1	1	...	...	...	...	1	1
Effects of heat	...	...	...	...	...	...	1	...	1	1	...	1
,, ,, climate	...	...	...	1	...	1	...	...	...	1	...	1
Heat-apoplexy	1	1	2	1	1	2	...	...	...	2	2	4
Multiple injury	...	1	1	...	...	...	...	...	...	...	1	1
Contusions	1	...	1	2	...	2	1	..	1	4	...	4
Wounds	1	2	3	...	2	2	...	1	1	1	5	6
,, gunshot	2	...	2	...	...	...	...	3	3	2	3	5
Sprains and strains	...	7	7	...	2	2	...	...	...	...	9	9
Dislocations	...	2	2	...	...	...	...	1	1	...	3	3
Dislocation of spine	1	...	1	...	...	...	...	...	...	1	...	1
Fractures	...	18	18	2	5	7	3	1	4	5	24	29
Displacement of muscles	...	1	1	...	...	...	...	...	...	...	1	1
Division of tendons	...	2	2	...	...	...	...	...	...	...	2	2
Wounds and injuries of the parts within the orbit	...	1	1	...	...	...	...	...	...	...	1	1
Simple fracture of spine with compression of cord	...	1	1	...	...	...	...	...	...	...	1	1
Concussion of brain	1	1	2	...	...	...	...	...	...	1	1	2
,, ,, cord	1	1	2	...	2	2	...	...	...	1	3	4
Self-inflicted:—												
Wound, gunshot	...	...	...	1	...	1	...	...	...	1	...	1
TOTAL	595	461	1,056	224	163	387	277	88	365	1,096	712	1,808

XXXa.

RATIOS for Table XXX calculated on the strength derived from the annual returns.

BENGAL. Strength, 44,271.		MADRAS. Strength, 13,407.		BOMBAY. Strength, 13,416.		INDIA. Strength, 71,094.	
Invalids.	Ratio per 1,000 of Strength.	Invalids.	Ratio per 1,000 of Strength.	Invalids.	Ratio per 1,000 of Strength.	Invalids.	Ratio per 1,000 of Strength.
1	·02	1	·07	1	·07	1	·01
2	·05	2	·15	2	·15	2	·03
3	·07	3	·22	3	·22	3	·04
4	·09	4	·30	4	·30	4	·06
5	·11	5	·37	5	·37	5	·07
6	·14	6	·45	6	·45	6	·08
7	·16	7	·52	7	·52	7	·10
8	·18	8	·60	8	·60	8	·11
9	·20	9	·67	9	·67	9	·13
10	·23	12	·90	10	·75	10	·14
20	·45	14	1·04	26	1·94	20	·28
34	·77	18	1·34	31	2·31	33	·46
37	·84	19	1·42	38	2·83	34	·48
40	·90	22	1·64	46	3·43	36	·51
51	1·15	23	1·72	50	3·73	37	·52
58	1·31	27	2·01	88	6·56	39	·55
73	1·65	40	2·98	277	20·65	42	·59
76	1·72	64	4·77	365	27·21	55	·77
83	1·87	104	7·76	...	...	58	·82
94	2·12	163	12·16	...	...	61	·86
103	2·33	224	16·71	...	...	67	·94
461	10·41	387	28·87	...	...	69	·97
595	13·44	...	...	...	...	74	1·04
1,056	23·85	...	...	...	...	77	1·08
...	...	...	...	...	...	84	1·18
...	...	...	...	...	...	98	1·38
...	...	...	...	...	...	151	2·12
...	...	...	...	...	...	175	2·46
...	...	...	...	...	...	189	2·66
...	...	...	...	...	...	273	3·84
...	...	...	...	...	...	712	10·01
...	...	...	...	...	...	1,096	15·42
...	...	...	...	...	...	1,808	25·43

XXXI.

STATEMENT obtained from Q. M. G. in India, showing the NUMBER of SOLDIERS and their FAMILIES that arrived in INDIA and embarked for ENGLAND during the period from 1867-68 to 1894-95.

Years.	Arrived in India.			Embarked for England.			Remarks.
	Men.	Women.	Children.	Men.	Women.	Children.	
1867-68	9,461	939	978	7,580	624	1,122	
1868-69	8,292	853	1,085	8,108	506	1,047	
1869-70	10,227	996	1,290	9,213	804	1,540	
1870-71	8,805	826	980	6,596	623	1,207	
1871-72	9,134	920	1,189	6,974	616	1,245	
1872-73	8,271	809	1,044	6,389	772	1,665	
1873-74	8,680	816	1,064	7,120	722	1,495	
1874-75	7,840	673	967	7,551	870	1,917	
1875-76	7,568	742	961	7,413	949	2,307	
1876-77	8,170	591	763	8,038	985	2,332	
1877-78	9,113	482	748	8,653	895	2,105	
1878-79	13,113	575	734	7,399	853	2,444	
1879-80	13,342	612	808	9,009	930	2,249	
1880-81	13,165	664	835	12,351	1,053	2,403	Troops embarked for Natal not included.
1881-82	9,895	349	430	9,622	660	1,554	
1882-83	9,748	325	489	12,696	599	1,275	
1883-84	12,525	433	532	10,162	533	1,144	
1884-85	11,822	393	552	8,129	432	938	
1885-86	17,766	508	682	7,808	474	1,134	
1886-87	11,645	372	497	8,390	489	1,046	
1887-88	11,729	459	536	8,826	457	1,036	
1888-89	12,407	506	675	11,466	573	1,337	
1889-90	12,270	532	578	11,490	543	1,258	
1890-91	14,046	542	683	13,712	540	1,233	
1891-92	14,729	510	625	11,704	572	1,259	
1892-93	15,894	540	602	13,350	506	1,072	
1893-94	15,090	482	495	12,930	432	885	
1894-95	15,957	517	578	14,654	495	1,041	

EUROPEA

X

To find the average duration of a case of sickness, multiply the average number constantly sick by the num

	STATIONS.	Average Annual Strength	Ratio per 1,000 of Average Strength.			Total admissions, deaths, and constantly sick.		Causes of								
			Admissions.	Deaths.	Average number constantly sick.			Small-pox.	Influenza.	Simple Continued Fever.	Enteric Fever.	Cholera.	Dysentery.	Malarial Fevers.	Septic Diseases.	Venereal Diseases.
1	Fort William	1,108	1,093·9	5·42	79·4	Admissions	1,212	...	...	...	6	...	40	255	...	530
						Deaths	6	...	...	...	1	...	1	...	...	...
						Average constantly sick	87·93	...	...	·05	·95	...	4·34	10·09	...	45·72
2	„ Fulta	21	904·8	...	2·9	Admissions	19	...	...	3	...	...	...	2	...	11
						Deaths	...	...	...	...	...	...	...	...	...	...
						Average constantly sick	·06	...	...	·01	...	...	...	...	...	·04
3	„ Chingrikhal	23	1,869·6	...	17·8	Admissions	43	...	...	...	...	...	3	15	...	14
						Deaths	...	...	...	...	...	...	...	...	...	...
						Average constantly sick	·41	...	...	...	...	...	·01	·30	...	·04
4	Dum Dum	763	1,237·2	17·04	84·5	Admissions	944	...	...	56	7	1	35	107	1	473
						Deaths	13	...	...	...	5	1	...	...	...	...
						Average constantly sick	64·45	...	...	2·47	·58	·01	3·74	5·31	·08	38·30
5	Barrackpore	327	2,373·1	30·58	150·2	Admissions	776	...	...	...	4	...	39	281	...	247
						Deaths	10	..	...	...	2	...	3	1	...	...
						Average constantly sick	49·12	...	...	...	·49	...	2·39	7·68	...	24·39
6	Dinapore	942	1,957·5	24·42	127·8	Admissions	1,844	...	...	...	9	17	46	234	...	840
						Deaths	23	...	...	...	1	15	...	...	1	...
						Average constantly sick	120·38	...	...	...	1·69	·29	4·82	7·79	·11	70·86
7	Camp Bihta	57	2,315·8	17·54	68·1	Admissions	132	...	...	...	...	2	10	8	1	33
						Deaths	1	...	...	...	...	1	...	...	...	...
						Average constantly sick	3·88	...	...	...	...	·10	·21	·10	·10	1·37
8	Benares	406	2,140·4	32·02	120·0	Admissions	869	...	16	5	22	1	36	211	...	259
						Deaths	13	...	...	...	8	1	1	...	...	...
						Average constantly sick	48·74	...	·60	·28	3·16	...	3·00	5·54	...	18·52
9	Fyzabad	896	1,280·1	8·93	113·2	Admissions	1,147	...	1	3	20	...	22	150	1	537
						Deaths	8	...	...	...	4	...	...	1	...	...
						Average constantly sick	101·39	...	·03	·35	4·18	...	3·06	8·06	·02	55·76
10	Lucknow	2,579	1,453·3	56·61	114·4	Admissions	3,748	...	38	68	67	144	81	241	2	1,534
						Deaths	146	...	...	...	21	97	5	1	...	...
						Average constantly sick	294·97	...	1·50	4·25	9·60	4·53	8·16	11·14	·27	150·14
11	„ Military Prison	45	688·9	...	20·7	Admissions	31	...	...	...	...	...	3	8	...	5
						Deaths	...	...	...	...	...	...	...	...	...	...
						Average constantly sick	·93	...	...	...	...	...	·17	·19	...	·13
12	Sitapur	416	1,750·0	14·42	101·8	Admissions	728	...	...	...	7	1	11	189	...	303
						Deaths	6	...	...	...	4	1	...	...	...	...
						Average constantly sick	42·34	...	...	...	·79	...	·48	5·30	...	25·14
13	Fatehgarh	222	1,220·7	31·53	62·5	Admissions	271	...	...	1	3	1	6	27	...	95
						Deaths	7	...	...	...	2	1	...	...	...	...
						Average constantly sick	13·87	...	...	·15	·19	·01	·22	·60	...	6·21
14	Cawnpore	904	1,282·1	30·97	83·9	Admissions	1,159	...	14	...	23	19	11	159	...	595
						Deaths	28	...	...	...	4	13	1	...	...	...
						Average constantly sick	75·89	...	·49	...	2·51	·25	·51	6·92	...	44·66
15	Allahabad	911	1,436·9	23·05	97·1	Admissions	1,309	...	5	5	25	11	19	321	...	473
						Deaths	21	...	...	...	4	10	2	1	...	...
						Average constantly sick	88·54	...	·25	·16	4·30	·06	1·85	11·02	...	39·66
16	Camp Dabourah	83	3,602·4	...	44·1	Admissions	299	...	...	...	4	...	11	142	...	30
						Deaths	...	...	...	...	...	...	...	...	...	...
						Average constantly sick	3·66	...	...	...	·04	...	·06	1·79	...	·30
17	Fort Allahabad	224	1,491·1	22·32	85·0	Admissions	334	...	...	1	3	1	8	67	...	77
						Deaths	5	...	...	...	1	1	...	...	...	...
						Average constantly sick	19·04	...	...	·02	·34	...	·42	1·46	...	6·39
18	Muttra	558	1,616·5	7·17	78·7	Admissions	902	...	19	8	12	...	12	217	...	172
						Deaths	4	...	...	...	2	...	...	...	...	...
						Average constantly sick	43·94	...	·51	·37	1·71	...	·75	6·13	...	16·19

II.

ays in the year, and then divide by the number of admissions.

ADMISSION AND OF DEATH. CONSTANTLY SICK BY DISEASES.

	Parasitic Diseases.	Scurvy.	Alcoholism.	Rheumatic Fever.	Rheumatism.	Tubercle.	Anæmia and Debility.	Other General Diseases.	Mental Diseases.	Other Nervous Diseases.	Eye Diseases.	Ear Diseases.	Circulatory Diseases.	Pneumonia.	Other Respiratory Diseases.	Diarrhœa.	Hepatic Abscess.	Other Digestive Diseases.	Lymphatic Diseases.	Urinary Diseases.	Generative Diseases.	Locomotive Diseases.	Diseases of the Connective Tissue and Skin.	Poisons and Injuries.	Other Local Diseases.	No appreciable disease and Not yet diagnosed.
1	...	...	11	...	23	3	20	1	2	9	6	10	8	...	21	10	4	65	28	...	11	6	76	67	...	...
	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	1	1	...	...	...	...	...	...	...	...
	...	...	·50	·03	2·08	·54	1·27	·02	·43	·55	1·14	·62	1·07	·01	1·43	·25	1·18	3·47	3·45	·19	·57	·54	4·14	3·21	...	·09
2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	·01	...	...
3	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	2	...	3	1	...	...	...	1	3	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	·02	...	·02	...	...	...	...	...	·02	...	...
4	...	...	...	...	21	...	35	3	1	2	8	7	2	1	10	23	3	50	13	1	8	5	42	29	...	...
	...	...	...	...	...	...	...	1	...	1	...	...	...	...	1	1	3	...	...	...	...	...	...	...	...	...
	...	...	·12	...	1·67	...	1·43	·09	·24	·18	·27	·41	·55	·10	·34	1·06	·13	2·44	2·02	·09	·33	·15	1·34	1·00	...	...
5	1	...	8	...	7	...	7	...	1	1	7	13	2	2	10	12	1	33	8	1	3	8	44	36	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	1	...	...
	·02	...	·42	...	·53	·18	·59	...	·15	·17	1·16	·76	·32	·14	·69	·59	·24	1·12	2·84	·05	·10	·93	1·33	1·84	...	...
6	9	...	2	1	31	2	8	4	2	9	6	86	12	3	19	59	1	82	52	...	8	5	149	141	1	6
	...	...	...	...	...	1	...	1	...	1	...	...	...	1	...	...	1	...	...	...	...	...	...	1	...	...
	·19	...	·08	·33	1·73	·42	·34	·60	·77	·44	·26	3·52	·65	·12	·91	1·95	·15	3·40	6·24	...	·55	·26	5·63	6·05	·03	·20
7	...	...	...	...	...	...	1	...	...	2	...	6	1	1	3	2	...	2	...	...	1	2	49	8	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	...	...	...	...	...	...	·06	...	...	·03	...	·23	·04	·01	·10	·06	...	·14	·05	...	·02	·02	·92	·32	...	...
8	3	...	2	...	1	1	1	4	1	8	6	14	5	...	15	23	3	57	15	...	1	4	97	57	1	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	1	...	...
	·07	...	·07	·04	·09	·37	·05	·33	·44	·98	·31	·48	1·08	...	·78	·79	·37	2·60	1·45	·19	·02	·50	3·65	2·94	·04	...
9	1	...	10	...	11	5	4	5	...	2	6	9	5	...	13	21	...	60	26	...	7	4	106	115	1	2
	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	1	...	...
	·03	...	·44	...	1·09	2·68	·16	·33	·21	·24	·61	·22	1·07	·14	1·40	1·03	...	3·76	4·95	...	·28	·62	5·41	5·01	·15	·10
10	2	...	...	...	39	10	52	33	5	24	40	62	35	6	70	76	5	253	93	7	65	34	376	280	2	4
	...	...	...	...	...	1	...	1	...	2	...	...	1	1	1	...	4	...	...	...	...	...	...	11	...	...
	·08	·04	...	...	2·98	2·22	4·68	3·23	1·63	1·45	2·74	4·79	4·98	·61	4·87	3·96	·60	14·31	9·44	·82	3·83	2·30	20·02	15·42	·21	·17
11	...	...	...	...	1	1	1	...	...	...	...	2	...	...	2	...	...	...	...	...	...	...	6	2	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	...	...	...	...	·01	·04	·02	...	...	...	...	·11	...	...	·04	...	...	...	...	...	...	...	·19	·03	...	...
12	...	...	3	1	8	...	4	3	1	2	6	10	3	...	9	11	1	27	18	...	10	2	42	54	1	1
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
	...	...	·05	·30	·70	...	·28	·14	·36	·06	·13	·23	·28	·02	·25	·37	·18	1·33	1·27	...	·66	·12	1·37	2·39	·12	·02
13	...	...	2	...	2	2	12	...	4	3	3	9	7	...	3	5	2	18	1	...	3	...	34	28	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	...	...	...	...	...	1	...	...
	...	...	·03	...	·07	·09	·35	...	·38	·07	·09	·25	·46	...	·08	·09	·42	1·00	·07	...	·19	...	1·06	1·79	...	...
14	...	...	4	...	26	6	9	3	5	1	9	4	1	1	45	23	1	66	...	2	9	3	65	55	...	...
	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	6	...	...
	...	...	·10	...	1·31	1·55	·38	·15	1·44	·07	1·35	·91	·20	·14	1·78	·89	·04	2·98	·02	·10	·44	·19	2·67	3·84	...	...
15	3	...	3	1	21	3	7	5	5	4	13	9	8	1	14	27	1	73	17	...	12	4	124	94	...	1
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	3	...	...
	·09	...	·49	·27	1·37	1·63	·92	·30	2·44	·10	·69	·39	1·58	·29	·60	·73	·02	4·21	2·61	...	·78	·43	5·62	5·68	...	...
16	1	...	2	...	5	...	4	2	...	...	8	3	1	...	5	9	...	13	7	...	2	2	35	13	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	·01	...	·02	...	·03	...	·04	·04	...	...	·11	·02	·02	...	·04	·08	...	·17	·07	...	·02	·04	·54	·22	...	...
17	...	...	2	...	7	...	3	1	1	2	6	3	11	2	11	11	...	27	3	1	8	2	23	51	1	1
	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	1	...	...
	...	...	·16	...	·66	...	·34	·20	·12	·48	·33	·21	·92	·13	·50	·32	...	·91	1·15	·07	·58	·14	·68	2·28	·02	·21
18	7	1	...	1	15	...	7	3	...	9	6	13	1	...	14	28	...	82	10	...	11	11	128	115	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...
	·13	·07	...	·30	1·09	...	·28	·29	...	·35	·25	·67	·10	...	·46	·58	...	3·04	1·36	...	·77	·51	3·85	4·18	...	...

	STATIONS.	Average Annual Strength	RATIO PER 1,000 OF AVERAGE STRENGTH.			Total admissions, deaths, and constantly sick.		CAUSES OF								
			Admissions.	Deaths.	Average number constantly sick.			Small-pox.	Influenza.	Simple Continued Fever.	Enteric Fever.	Cholera.	Dysentery.	Malarial Fevers.	Septic Diseases.	Venereal Diseases.
19	Shahjahanpur	417	1,489·2	26·38	124·0	Admissions	621	...	...	38	19	1	11	35	1	375
						Deaths	11	...	...	...	5	1	...	...	1	...
						Average constantly sick	51·70	...	...	3·61	2·85	...	·87	1·01	·01	34·66
20	Bareilly	1,378	1,307·0	7·98	93·0	Admissions	1,801	...	...	22	40	...	39	131	1	1,008
						Deaths	11	...	...	...	6	...	...	1	...	...
						Average constantly sick	128·21	...	...	1·46	5·56	...	2·68	4·51	·02	83·29
21	Moradabad	90	2,022·2	...	105·6	Admissions	182	...	...	...	4	1	...	96	1	28
						Deaths	...	...	...	...	...	...	...	...	...	...
						Average constantly sick	9·50	...	...	...	·77	·03	·08	2·76	·04	3·05
22	Meerut	1,901	1,464·0	21·04	102·8	Admissions	2,783	...	...	8	78	...	66	1,014	2	838
						Deaths	40	...	...	...	27	...	1	2	...	...
						Average constantly sick	195·47	...	...	·43	10·90	...	4·41	37·37	·09	89·31
23	Delhi	308	2,331·2	32·47	112·5	Admissions	718	...	...	8	8	...	6	466	1	98
						Deaths	10	...	...	...	5	...	1	1	...	...
						Average constantly sick	34·65	...	...	·85	·72	...	·66	13·83	·03	10·57
24	Roorkee	459	1,124·2	15·25	82·7	Admissions	516	...	7	...	7	1	6	62	...	191
						Deaths	7	...	...	...	2	1	1	...	...	...
						Average constantly sick	37·97	...	·23	·03	·98	·06	·34	2·97	...	18·32
25	Umballa	1,939	1,345·5	16·50	103·1	Admissions	2,609	...	1	36	68	1	48	676	3	819
						Deaths	32	...	...	...	20	...	...	1	...	...
						Average constantly sick	199·83	...	·05	1·08	13·50	·05	5·38	23·77	·09	84·91
26	Jullundur	842	1,489·3	13·06	88·6	Admissions	1,254	...	...	25	6	...	26	279	...	412
						Deaths	11	...	...	...	3	...	1	...	...	...
						Average constantly sick	74·56	...	...	1·92	·75	...	1·66	20·23	...	20·86
27	Ferozepore	1,105	2,419·9	19·00	113·2	Admissions	2,674	...	...	12	19	...	11	1,642	...	425
						Deaths	21	...	...	...	7	...	...	4	...	...
						Average constantly sick	125·04	...	...	·53	2·21	...	1·04	53·28	...	36·61
28	Meean Meer	859	2,809·1	47·73	143·8	Admissions	2,413	...	1	4	60	...	33	1,160	2	516
						Deaths	41	...	...	...	14	...	1	...	...	...
						Average constantly sick	123·54	...	·01	·10	7·57	...	2·21	37·00	·13	44·31
29	Fort Lahore	97	3,268·0	41·24	114·1	Admissions	317	...	...	...	1	...	4	229	...	34
						Deaths	4	...	...	...	1	...	...	...	...	...
						Average constantly sick	11·07	...	...	...	·03	...	·24	6·20	...	2·11
30	Amritsar	223	2,533·6	17·94	98·1	Admissions	565	...	...	...	3	...	9	299	...	83
						Deaths	4	...	...	...	1	...	...	1	...	1
						Average constantly sick	21·87	...	...	...	·21	...	·53	9·42	...	4·45
31	Sialkot	1,158	1,100·2	7·77	52·2	Admissions	1,274	...	...	...	22	...	14	474	1	414
						Deaths	9	...	...	...	6	...	1	...	...	...
						Average constantly sick	60·39	...	...	...	2·63	...	1·20	14·41	·01	21·72
32	Rawalpindi	2,744	1,675·3	9·11	101·7	Admissions	4,597	...	...	38	35	...	37	1,547	12	1,276
						Deaths	25	...	...	...	8	...	2	3	...	...
						Average constantly sick	279·03	...	...	1·19	4·44	...	2·66	43·25	·80	124·66
33	Campbellpur	271	1,907·7	11·07	97·9	Admissions	517	...	...	6	5	...	5	168	...	214
						Deaths	3	...	...	...	2	...	...	...	...	...
						Average constantly sick	26·54	...	..	·41	·67	...	·28	4·98	...	14·17
34	Attock	162	1,629·6	30·86	87·5	Admissions	264	...	...	23	1	...	1	83	...	68
						Deaths	5	...	...	...	1	...	...	...	...	...
						Average constantly sick	14·17	...	...	·70	·02	...	·03	3·42	...	5·13
35	Nowshera	671	1,758·6	40·24	92·3	Admissions	1,180	...	...	...	39	...	6	555	5	301
						Deaths	27	...	...	...	14	...	...	3	1	...
						Average constantly sick	61·91	...	...	...	4·72	...	·41	15·26	·34	27·02
36	Peshawar	1,844	2,226·1	25·49	111·3	Admissions	4,105	...	...	...	51	...	34	25·77	7	542
						Deaths	47	...	...	...	22	...	2	5	...	...
						Average constantly sick	205·27	...	...	...	8·16	...	3·08	89·18	·45	52·58
37	Mooltan	916	1,774·0	2·18	104·9	Admissions	1,625	...	...	11	14	...	21	604	2	349
						Deaths	2	...	...	...	1	...	...	...	...	...
						Average constantly sick	96·13	...	...	·28	2·42	...	1·75	21·29	·14	30·27
38	Nowgong	369	2,509·5	16·26	166·5	Admissions	926	1	7	18	4	...	10	237	...	388
						Deaths	6	...	...	...	3	...	...	...	...	...
						Average constantly sick	61·43	·10	·26	·74	·52	...	1·01	6·37	...	39·15

II—continued.

ADMISSION AND OF DEATH. CONSTANTLY SICK BY DISEASES.

Parasitic Diseases.	Scurvy.	Alcoholism.	Rheumatic Fever.	Rheumatism.	Tubercle.	Anæmia and Debility.	Other General Diseases.	Mental Diseases.	Other Nervous Diseases.	Eye Diseases.	Ear Diseases.	Circulatory Diseases.	Pneumonia.	Other Respiratory Diseases.	Diarrhœa.	Hepatic Abscess.	Other Digestive Diseases.	Lymphatic Diseases.	Urinary Diseases.	Generative Diseases.	Locomotive Diseases.	Diseases of the Connective Tissue and Skin.	Poisons and Injuries.	Other Local Diseases.	No appreciable disease and Not yet diagnosed.
...	...	...	...	5	1	4	...	...	2	1	5	4	1	6	13	4	49	1	...	...	2	24	19	...	...
...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...
...	...	...	·23	·90	·17	·15	·02	...	·07	·04	·12	·33	·10	·60	·46	·22	2·86	·15	...	·03	·16	1·08	·91	...	·09
2	...	1	...	25	6	12*	10	2	11	21	12	4	5	43	34	1	81	54	2	17	9	127	79	1	1
...	...	...	...	...	1	1*	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
·04	...	·02	...	1·96	·84	·78	·98	·33	·94	1·05	·46	·33	·49	1·75	·90	·02	3·33	6·25	·24	1·15	·47	4·99	3·33	·04	...
...	...	...	...	...	...	6	...	...	...	...	8	3	...	1	1	...	6	...	...	1	4	15	7	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	·34	·43	...	...	...	...	·19	·33	·03	·06	·02	...	·11	...	...	·05	·24	·52	·45	...	...
...	...	...	...	16	3	23	2	1	5	18	44	13	2	19	72	1	109	80	3	18	19	178	149	...	2
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	2	...	...	...	4	...	...
...	·01	·01	·01	1·51	·55	1·45	·35	·14	·44	1·27	1·42	1·48	·25	·97	2·49	·11	5·07	12·42	·19	2·14	1·72	10·68	8·26	...	·02
1	...	2	...	6	...	6	2	...	1	...	4	1	...	7	6	1	20	8	...	3	1	33	26	...	3
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	1	...	...
·02	...	·07	...	·56	...	·36	·12	...	·03	...	·14	·23	·29	·34	·17	·01	·87	1·11	...	·21	·18	1·44	1·63	...	·21
7	...	1	1	21	2	3	3	...	6	18	9	2	2	15	9	...	41	19	1	7	5	44	24	...	2
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	...	...
·16	...	·03	·12	1·79	·38	·11	·09	...	·40	·90	·28	·16	·29	·94	·46	...	2·25	2·45	·12	·47	·54	1·93	1·10	...	·07
24	...	8	2	45	4	30	6	3	5	12	29	26	6	45	46	3	160	44	4	16	17	181	239	2	...
...	...	...	...	...	2	...	...	...	...	...	...	...	1	1	...	2	...	...	1	...	...	...	4	...	...
·61	...	·31	·29	5·81	1·05	2·95	·78	·85	1·15	·74	2·67	4·98	2·12	3·16	2·20	·86	9·13	3·38	·23	2·38	2·61	8·58	13·84	·32	...
7	...	2	2	40	...	55	4	1	5	9	21	8	4	37	32	3	89	7	2	8	3	69	91	3	4
...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	...	2	...	...	1	...	...	...	1	...	...
·09	...	·15	1·65	3·62	...	3·03	·65	·40	·88	·59	·90	1·18	·48	1·74	·96	·25	3·08	1·01	·50	·90	·07	2·62	4·23	·04	·12
5	1	3	2	39	3	10	1	...	6	4	24	9	3	43	35	2	87	46	10	11	12	110	97	...	2
...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	...	...	6	...	...
·08	·04	·08	·16	3·41	·52	1·42	·22	·23	·40	·16	2·20	·92	·18	1·58	1·08	·04	3·64	2·52	·64	·61	1·50	5·77	3·83	...	·14
2	...	1	...	18	7	41	3	2	5	10	25	5	10	56	38	2	148	24	5	5	14	126	87	2	1
..	...	...	...	...	3	...	...	...	2	...	...	1	6	2	...	2	2	...	1	...	1	...	6	...	...
·19	...	·06	·09	1·37	1·23	3·39	·12	·26	·16	·60	·93	·40	1·33	2·55	1·52	·04	5·03	1·72	·33	·87	·95	5·91	2·98	·10	·08
...	...	1	...	1	1	1	1	...	1	...	1	...	1	3	4	...	1	2	1	1	...	11	17	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	1	...	...
...	...	·03	...	·06	·05	·08	·02	...	·12	...	·02	...	·02	·06	·19	...	·16	·07	·01	·06	...	·87	·62	...	·05
1	...	...	...	4	...	10	1	...	...	1	7	6	1	13	22	...	18	11	1	5	...	46	24	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	..	...	...	...	...	...	...	...
·01	...	·04	...	·25	...	·90	·03	...	...	·01	·17	·60	·08	·61	·54	...	·84	·34	·16	·37	...	1·35	·96	...	...
...	...	4	2	23	1	3	2	...	1	3	6	...	4	9	16	2	55	7	2	13	7	97	91	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...
...	...	·03	·14	1·37	·05	·10	·24	...	·13	·42	·44	...	·22	·38	·55	·05	3·16	·14	·33	·36	·70	5·53	6·05	...	·03
13	...	33	7	102	9	35	8	4	10	21	51	10	34	119	46	2	303	65	8	17	48	291	406	3	7
...	...	...	...	...	...	...	...	1	...	...	...	1	5	...	...	2	1	...	...	...	...	...	2	...	...
·30	...	1·11	·69	8·24	2·61	3·22	·85	·98	·87	1·68	2·12	2·68	1·08	5·96	1·70	·83	13·53	10·76	·65	1·59	3·86	15·39	20·97	·14	·22
1	...	9	...	7	...	...	5	...	1	2	2	...	1	10	1	1	19	10	...	3	1	14	31	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
·03	...	·20	...	·20	·01	...	·47	...	·06	·07	·04	...	·11	·33	·02	·21	·82	1·50	...	·12	·07	·35	1·38	...	·04
...	...	2	...	6	...	1	...	...	...	2	3	...	...	2	7	...	13	1	2	3	...	17	28	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...
...	...	·11	...	·37	...	·02	...	...	...	·04	·07	·01	...	·21	·18	...	·91	·04	·12	·20	...	1·14	1·44	...	·01
1	...	10	2	20	...	6	6	1	1	6	8	6	2	7	8	...	42	9	2	8	4	64	59	...	2
...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	7	...	...
·02	...	·31	·14	1·16	·20	·23	·77	·18	·33	·38	·18	·37	·13	·23	·19	...	1·46	1·13	·59	·44	·27	2·37	3·06	...	·02
18	...	3	5	22	...	43	10	3	10	15	27	7	18	138	36	2	171	32	1	13	15	184	117	4	...
...	...	...	...	...	...	...	2	...	...	...	...	...	5	1	1	1	1	...	...	...	...	...	7	...	...
·30	...	·09	·66	1·41	·40	2·00	·59	·75	·61	1·08	1·42	1·84	2·25	6·50	1·35	1·01	7·75	5·63	·23	·82	1·12	8·17	5·66	18	...
4	1	5	...	18	8	60	5	1	5	10	10	23	1	42	34	...	85	12	1	7	10	142	137	1	2
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
·05	·32	·13	...	1·89	2·21	4·33	·17	·28	·22	1·11	·47	4·13	·12	2·03	1·48	...	4·52	1·27	·22	1·16	·80	5·53	7·42	·06	·06
...	...	1	...	11	1	5	...	...	2	4	9	1	...	9	14	...	52	28	...	5	1	66	51	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...
...	...	·06	...	·92	·01	·28	...	...	·14	·26	·24	·10	...	·32	·33	...	2·75	2·77	...	·41	·06	2·58	1·97	...	·08

* One Idiopathic Anæmia.

	STATIONS.	Average Annual Strength	Ratio per 1,000 of Average Strength.			Total admissions, deaths, and constantly sick.		Causes of								
			Admissions.	Deaths.	Average number constantly sick.			Small-pox.	Influenza.	Simple Continued Fever.	Enteric Fever.	Cholera.	Dysentery.	Malarial Fevers.	Septic Diseases.	Venereal Diseases.
39	Jhansi	736	2,406·3	9·51	146·9	Admissions	1,771	...	...	57	7	...	34	783	...	488
						Deaths	7	...	...	...	3	...	...	1	...	...
						Average constantly sick	108·13	...	...	2·86	·92	...	2·65	23·91	...	50·04
40	Sipri	101	1,930·7	19·80	83·4	Admissions	195	...	...	...	...	...	1	89	...	54
						Deaths	2	...	...	...	...	...	...	...	...	...
						Average constantly sick	8·42	...	...	...	...	...	·05	2·01	...	4·61
41	Agra	1,199	1,430·4	14·18	94·6	Admissions	1,715	...	1	106	45	...	20	132	4	661
						Deaths	17	...	...	...	7	...	2	...	...	...
						Average constantly sick	113·39	...	·11	3·97	6·84	...	·94	4·36	·43	56·20
42	Jubbulpore	901	1,523·9	15·54	93·4	Admissions	1,373	...	...	1	22	...	17	454	...	454
						Deaths	14	...	...	...	4	...	1	2	...	...
						Average constantly sick	84·18	...	...	·03	3·24	...	1·41	13·50	...	42·12
43	Saugor	361	1,767·3	11·08	89·6	Admissions	638	...	...	5	4	...	5	230	...	227
						Deaths	4	...	...	...	2	...	...	...	...	...
						Average constantly sick	32·36	...	...	·13	·41	...	·33	5·26	...	17·41
44	Gnathong	52	980·8	...	44·2	Admissions	51	...	...	...	...	...	3	1	...	18
						Deaths	...	...	...	...	...	...	...	...	...	...
						Average constantly sick	2·30	...	...	...	...	...	·19	·02	...	·84
45	Ranikhet	1,008	1,257·9	8·93	79·4	Admissions	1,268	...	14	17	25	...	22	105	4	659
						Deaths	9	...	...	...	3	...	1	...	1	...
						Average constantly sick	80·01	...	·31	1·05	3·04	...	2·19	5·08	·35	43·41
46	Chaubuttia	283	971·7	3·53	63·2	Admissions	275	...	...	1	2	...	7	13	...	129
						Deaths	1	...	...	...	1	...	...	...	...	...
						Average constantly sick	17·89	...	...	·01	·23	...	·41	·44	...	11·60
47	Chakrata	992	1071·6	3·02	99·1	Admissions	1,063	...	15	1	13	...	22	98	2	537
						Deaths	3	...	...	...	1	...	...	...	...	...
						Average constantly sick	98·26	...	·80	·12	3·26	...	2·17	4·49	·14	62·67
48	Dagshai	745	1012·1	29·53	107·4	Admissions	754	...	...	6	61	...	27	91	2	262
						Deaths	22	...	...	...	18	...	2	...	...	...
						Average constantly sick	80·05	...	...	·39	9·31	...	3·09	5·78	·25	33·71
49	Solon	224	1205·4	17·86	61·6	Admissions	270	...	11	1	11	...	6	40	2	56
						Deaths	4	...	...	...	2	...	1	...	...	...
						Average constantly sick	13·79	...	·63	·08	1·55	...	·44	·86	·21	4·36
50	Subathu	464	1280·2	12·93	81·8	Admissions	594	...	...	45	38	...	8	56	...	201
						Deaths	6	...	...	...	6	...	...	...	...	...
						Average constantly sick	37·94	...	...	2·34	4·75	...	·43	2·37	...	15·19
51	Jutogh	232	1219·8	4·31	69·7	Admissions	283	...	...	4	4	...	5	17	...	82
						Deaths	1	...	...	...	1	...	...	...	...	...
						Average constantly sick	16·17	...	...	·54	1·04	...	·21	·64	...	6·43
52	Bhagsu	72	1180·6	...	57·8	Admissions	85	...	3	3	1	...	1	...	...	40
						Deaths	...	...	...	...	...	...	...	...	...	...
						Average constantly sick	4·16	...	·11	·07	·14	...	·08	...	...	2·25
53	Khyragully	63	396·8	...	36·2	Admissions	25	...	...	...	...	...	...	1	...	15
						Deaths	...	...	...	...	...	...	...	...	...	...
						Average constantly sick	2·28	...	...	...	...	...	...	·02	...	1·66
54	Baragully	44	909·1	22·73	63·2	Admissions	40	...	...	3	6	...	...	1	...	4
						Deaths	1	...	...	...	1	...	...	...	...	...
						Average constantly sick	2·78	...	...	·08	1·00	...	...	·05	...	·59
55	Kuldunnah	450	1,428·9	15·56	95·0	Admissions	643	...	...	...	3	...	8	207	12	179
						Deaths	7	...	...	...	3	...	...	...	...	...
						Average constantly sick	42·77	...	...	...	·16	...	·45	7·94	·80	20·66
56	Kalabagh	49	836·7	20·41	82·7	Admissions	41	...	...	...	...	...	3	5	...	13
						Deaths	1	...	...	...	...	...	...	...	...	...
						Average constantly sick	4·05	...	...	·03	...	...	·27	·21	...	1·76
57	Camp Gharial	533	712·9	11·26	54·3	Admissions	380	...	...	5	5	...	2	37	5	197
						Deaths	6	...	...	...	5	...	...	...	...	...
						Average constantly sick	28·93	...	...	·22	·14	...	·20	1·65	·32	17·74
58	„ Thobba	291	886·6	6·87	52·4	Admissions	258	...	...	2	1	...	7	61	...	117
						Deaths	2	...	...	...	...	...	...	...	...	...
						Average constantly sick	15·24	...	...	·40	·35	...	·25	2·20	...	9·87

ADMISSION AND OF DEATH. CONSTANTLY SICK BY DISEASES.

Parasitic Diseases.	Scurvy.	Alcoholism.	Rheumatic Fever.	Rheumatism.	Tubercle.	Anæmia and Debility.	Other General Diseases.	Mental Diseases.	Other Nervous Diseases.	Eye Diseases.	Ear Diseases.	Circulatory Diseases.	Pneumonia.	Other Respiratory Diseases.	Diarrhœa.	Hepatic Abscess.	Other Digestive Diseases.	Lymphatic Diseases.	Urinary Diseases.	Generative Diseases.	Locomotive Diseases.	Diseases of the Connective Tissue and Skin.	Poisons and Injuries.	Other Local Diseases.	No appreciable disease and Not yet diagnosed.
1	3	7	1	25	2	11	4	1	11	9	26	9	1	16	16	2	112	20	2	5	3	50	65	...	...
...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...
·03	·21	·20	·32	2·11	·52	·75	·57	·43	95	·51	1·19	1·64	·24	1·03	·57	·24	5·96	3·27	·34	·45	·20	2·73	3·22	·04	·03
2	...	1	...	1	...	4	1	1	...	1	1	...	...	1	4	...	12	3	...	1	...	11	7	...	...
...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
·02	...	·02	...	·03	...	·22	·01	·09	...	·01	·10	...	...	·02	·05	...	·37	·25	...	·04	...	·31	·21	...	...
...	..	5	...	65	4	44	12	7	7	18	24	20	1	104	23	2	119	35	3	13	11	127	94	2	6
...	...	...	...	...	2	...	...	...	1	...	...	1	...	...	...	2	...	1	...	...	...	...	1	...	...
...	...	·14	...	4·34	·62	2·85	·77	2·67	·14	1·26	·95	1·75	·16	4·05	·65	·18	4·55	4·84	·14	1·05	·79	4·44	3·84	·12	·24
4	...	6	...	14	...	11	5	...	3	11	23	7	4	32	13	3	72	47	1	13	5	89	58	...	4
...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	..	1	1	...	...	...	...	...	3	...	...
·08	...	·16	...	1·08	·02	·80	·99	...	·04	1·37	1·12	·65	·20	1·62	·37	·19	2·79	5·50	·06	·45	·28	3·53	2·34	...	·24
...	...	1	...	11	3	...	...	...	5	6	5	4	1	2	2	...	29	13	2	9	2	37	33	...	2
...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...
...	...	·02	...	·68	·25	·05	...	·05	·23	·21	·28	·50	·05	·06	·03	...	1·32	·84	·32	·60	·10	1·59	1·58	...	·06
...	1	1	1	1	...	...	...	...	...	...	...	...	1	2	...	...	8	1	...	1	...	2	10	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	·03	·01	·10	·01	...	...	...	...	...	...	...	...	·08	·04	..	...	·34	·07	...	·03	...	·08	·46	...	...
...	...	1	2	32	1	17	5	...	7	12	4	3	1	13	15	1	124	26	...	21	1	38	97	1	...
...	...	...	...	...	1	...	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...
...	...	·04	·15	1·85	·19	1·97	·35	...	·28	1·22	·39	·71	·05	1·00	·44	·04	6·70	2·51	...	·64	·09	1·82	4·11	·03	...
...	...	...	3	7	...	...	...	...	1	1	2	2	1	10	7	...	37	7	1	1	2	17	24	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...
...	...	...	·52	·44	...	...	...	...	·02	·01	·04	·21	·03	·74	·10	...	1·06	·65	·02	·01	·04	·41	·90	...	...
4	...	1	1	24	2	9	9	2	6	7	5	15	4	21	14	...	103	18	2	10	4	45	65	1	3
...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
·10	...	·02	·35	2·14	·82	1·30	1·25	·26	·51	·30	·42	1·55	·50	·74	1·01	...	4·70	2·13	·22	·35	·18	2·20	3·19	·07	·30
2	...	2	10	22	2	5	2	...	2	7	...	8	...	3	30	...	70	16	1	11	10	44	56	...	2
...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
·05	...	·09	1·22	2·37	·46	·69	·12	...	·12	·93	·13	1·13	·15	·50	1·83	...	4·50	3·35	·19	·98	1·07	4·49	3·09	...	·06
...	...	...	1	8	...	1	...	...	3	1	8	3	...	2	6	...	39	3	...	4	...	28	33	1	2
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
...	...	...	·04	·36	...	·09	...	...	·06	·07	·40	·17	...	·04	·11	...	·85	·32	...	·73	...	·56	1·56	·18	·12
1	...	...	4	12	...	9	2	1	5	7	4	3	...	7	3	...	73	14	1	11	6	40	39	2	2
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
·01	...	...	·36	·74	...	·65	·05	·64	·52	·53	·13	·54	...	·21	·12	...	2·27	1·41	·04	·57	·27	2·08	1·63	·05	·04
8	...	2	...	7	...	3	2	1	...	3	3	4	...	13	20	...	37	5	4	2	...	12	44	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
·15	...	·06	...	·19	...	·09	·17	·36	...	·34	·37	·24	...	·31	·74	...	1·17	·48	·37	·06	...	·87	1·32	...	·02
...	...	...	...	1	...	...	...	...	5	1	...	1	...	2	1	...	4	...	...	2	...	4	15	1	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	·10	...	...	...	...	·10	·20	...	·04	...	·03	·02	...	·15	...	...	·08	...	·14	·54	·11	...
...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	1	2	...	1	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	·10	·05	...	...	...	...	...	...	...	...	...	...	...	...	·19	...	...	·09	·08	...	·09	...	...
...	...	...	...	4	...	...	...	...	...	...	1	1	...	...	1	...	9	...	...	...	...	...	10	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	·05	...	...	...	...	...	...	·05	·08	...	...	·09	...	·43	·06	...	...	...	...	·30	...	...
...	...	9	1	1	2	5	5	...	...	6	4	8	2	12	1	2	59	21	...	6	6	23	61	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...	1	...	...
...	...	·22	·14	·07	·36	·52	·79	...	...	·62	·11	·49	·14	·38	·05	·13	2·31	2·54	...	·34	·23	·94	2·38	...	...
...	...	3	...	3	1	1	...	1	1	...	2	...	...	...	...	...	3	...	...	2	...	1	2	...	...
...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	·15	...	·43	·20	·13	...	·07	·02	...	·08	...	...	...	...	...	·41	·07	...	·10	...	·04	·08	...	...
...	...	...	...	4	...	1	1	...	1	3	2	2	3	4	7	...	47	4	4	5	6	13	21	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
...	...	...	...	·22	...	·03	·06	...	·02	·06	·06	·41	·31	·31	·32	...	2·69	·80	·23	·43	·51	·72	1·36	·07	·05
...	...	...	...	7	...	...	1	...	...	1	...	...	3	1	2	1	13	2	...	3	...	6	27	...	3
...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...
...	...	...	...	1·10	...	...	·30	...	...	·02	...	...	·04	·01	·01	·01	·28	·02	...	·04	·02	·22	·08	...	·02

	STATIONS.	Average Annual Strength	Ratio per 1,000 of Average Strength.			Total admissions, deaths, and constantly sick.		Causes of								
			Admissions.	Deaths.	Average number constantly sick.			Small-pox.	Influenza.	Simple Continued Fever.	Enteric Fever.	Cholera.	Dysentery.	Malarial Fevers.	Septic Diseases.	Venereal Diseases.
59	Camp Lower Topa	120	1,183·3	...	71·9	Admissions	142	..	...	8	1	...	3	13	...	53
						Deaths	...	...	...	...	...	...	...	...	...	...
						Average constantly sick	8·63	...	...	·49	·16	...	·15	·34	...	4·59
60	Ghora Dhaka	160	950·0	6·25	68·1	Admissions	152	...	...	1	2	...	2	32	...	46
						Deaths	1	...	...	...	1	...	...	...	...	...
						Average constantly sick	10·89	...	...	·02	·43	...	·07	1·16	...	4·78
61	Cherat	451	1,563·2	22·17	80·4	Admissions	705	...	...	1	32	..	9	338	2	96
						Deaths	10	...	...	...	9	...	...	...	...	...
						Average constantly sick	36·24	...	...	·03	4·43	...	·54	10·68	·10	7·71
62	Quetta	2,219	2,032·0	14·42	107·1	Admissions	4,509	...	...	123	38	...	46	2,023	21	972
						Deaths	32	...	...	...	8	...	2	...	1	1
						Average constantly sick	237·71	...	...	4·91	4·44	...	5·10	83·76	·94	74·07
63	Darjeeling Depôt	366	975·4	8·20	87·5	Admissions	357	...	...	1	2	...	21	31	...	130
						Deaths	3	...	...	...	1	...	...	...	...	1
						Average constantly sick	32·03	...	...	·04	·23	...	1·44	1·80	...	14·89
64	Naini Tal ,,	195	1,241·0	10·26	97·8	Admissions	242	...	...	2	4	...	6	28	2	85
						Deaths	2	...	...	...	1	...	...	...	...	...
						Average constantly sick	19·07	...	...	·78	·50	...	·42	1·18	·11	8·75
65	Landour ,,	153	1,130·7	26·14	64·9	Admissions	173	...	...	...	2	...	...	47	..	37
						Deaths	4	...	...	...	1	.	...	...	...	...
						Average constantly sick	9·93	..	...	·10	·48	...	·02	1·23	...	3·12
66	Kasauli ,,	361	1,457·1	27·70	102·7	Admissions	526	...	...	1	6	...	5	96	6	147
						Deaths	10	...	...	...	3	...	...	...	...	...
						Average constantly sick	37·09	...	...	·14	·96	...	·36	4·01	·29	15·64
67	Dalhousie ,,	711	1,421·9	22·50	87·8	Admissions	1,011	...	...	4	26	...	13	185	3	375
						Deaths	16	...	...	...	11	...	...	...	...	...
						Average constantly sick	62·40	...	...	·16	2·99	...	1·24	6·69	·14	26·99
68	Murree ,,	200	1,450·0	35·00	125·2	Admissions	290	...	...	2	...	...	2	100	5	76
						Deaths	7	...	...	...	...	...	...	1	...	1
						Average constantly sick	25·04	...	...	·03	·95	...	·23	4·78	·14	7·85
69	Pachmarhi ,,	108	1,064·8	18·52	60·4	Admissions	115	...	...	3	1	...	2	31	...	24
						Deaths	2	...	...	...	1	...	...	...	...	...
						Average constantly sick	6·52	...	...	·09	·08	...	·17	·52	...	2·60
70	Waziristan Field Force	111	2,000·0	...	...	Admissions	222	...	...	...	...	...	4	94	...	26
						Deaths	...	...	...	...	...	...	...	...	...	...
						Average constantly sick	...	...	...	...	...	...	...	...	...	...
71	Bengal Troops on the march	2,078	1,192·5	9·62	12·5	Admissions	2,478	...	...	20	11	3	63	607	1	1,050
						Deaths	20	...	...	...	...	3	...	...	...	...
						Average constantly sick	25·89	...	...	·15	·17	·03	·63	4·17	·01	12·62

DMISSION AND OF DEATH. CONSTANTLY SICK BY DISEASES.

Parasitic Diseases.	Scurvy.	Alcoholism.	Rheumatic Fever.	Rheumatism.	Tubercle.	Anæmia and Debility.	Other General Diseases.	Mental Diseases.	Other Nervous Diseases.	Eye Diseases.	Ear Diseases.	Circulatory Diseases.	Pneumonia.	Other Respiratory Diseases.	Diarrhœa.	Hepatic Abscess.	Other Digestive Diseases.	Lymphatic Diseases.	Urinary Diseases.	Generative Diseases.	Locomotive Diseases.	Diseases of the Connective Tissue and Skin.	Poisons and Injuries.	Other Local Diseases.	No appreciable disease and Not yet diagnosed.
...	...	1	...	2	1	...	...	...	...	2	...	...	2	...	...	...	16	3	...	1	3	12	20	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	·01	...	·05	·13	...	...	...	...	·07	...	...	·21	...	...	...	·51	·25	...	·04	·22	·38	1·01	...	·02
1	...	...	...	9	...	1	2	...	...	...	...	...	1	5	1	...	16	7	...	4	1	7	14	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
·07	...	...	...	·72	...	·05	·07	...	...	...	...	...	·22	·51	·02	...	·77	1·07	...	·10	·01	·28	·54	..	...
3	...	1	1	10	...	9	2	...	3	6	6	3	...	3	10	1	64	19	1	5	6	32	42	...	...
...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
·06	...	·02	·12	·43	...	·38	·04	...	·37	·53	55	·55	·04	·07	·34	·13	3·15	1·05	·23	·37	·65	1·41	2·16	·10	...
8	...	9	...	89	2	79	19	1	9	23	36	9	27	173	35	2	368	38	4	31	15	100	205	1	3
...	...	...	...	...	1	...	...	...	...	...	...	2	10	1	...	2	1	...	2	...	...	..	1	...	...
·09	...	·26	...	4·05	·34	9·14	1·12	·53	·22	1·24	1·05	·78	2·01	6·78	2·18	·17	12·00	2·98	·44	1·17	·97	7·00	9·67	·10	·20
2	...	1	...	7	4	7	3	...	4	5	...	3	...	2	4	3	37	15	2	2	6	34	31	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
·03	...	·02	...	·64	·19	·46	·19	...	·34	·73	·13	·22	...	·08	·38	·50	2·27	2·92	·08	·13	·42	2·16	1·74	...	...
...	...	...	...	12	1	4	...	...	...	4	...	2	...	7	7	...	28	4	...	3	...	16	27	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
...	...	...	...	1·72	·06	·28	...	...	...	·44	...	·16	...	·43	·53	...	·96	·52	...	·45	...	·68	1·10	...	...
...	...	...	...	4	2	6	1	...	...	5	2	4	2	1	2	1	18	13	1	2	2	9	12	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	...	...	...	...	...	...	...
...	...	...	·05	·13	·16	·21	·03	...	...	·13	·04	·32	·12	·03	·07	·06	·83	1·38	·08	·21	·14	·51	·48	...	...
3	1	1	...	21	5	11	...	...	1	7	11	10	4	14	12	2	69	16	...	7	3	23	42	1	1
...	...	...	...	...	1	...	1	...	...	..	...	...	2	1	...	2	...	...	...	...	...	...	...	...	...
·05	·01	·01	...	1·29	1·48	·48	·23	...	·02	·38	·39	·46	·23	·71	·42	·33	2·17	1·33	...	1·08	·14	2·35	2·08	·01	·04
3	1	...	1	21	4	23	12	...	5	5	9	30	3	14	34	1	102	21	3	6	10	33	53	2	9
...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	1	1	...	1	...	...	...	..	...	...
·08	·14	...	·13	1·02	·47	1·41	·86	...	·27	·23	·38	2·21	·51	·87	1·04	·02	4·52	2·11	·76	·17	·54	3·01	2·73	·15	·56
...	1	..	4	1	2	6	1	1	5	2	2	...	...	9	10	1	23	7	...	1	2	6	19	1	1
...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	2	1	...	...	..	...	...	...	...	...
...	·06	...	·51	·16	·69	·51	·03	·33	·84	·20	·64	·14	...	·81	·46	·35	·82	1·08	·09	·17	·14	·75	2·24	·03	·01
...	...	...	...	2	...	2	1	...	...	1	2	1	...	1	1	1	8	3	...	2	1	8	19	1	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
...	...	...	...	·17	...	·42	·02	...	...	·01	·05	·02	...	·13	·01	·05	·24	·90	...	·03	·04	·26	·69	·02	...
...	...	...	...	5	...	3	...	...	1	1	...	...	...	6	4	...	7	2	...	...	1	55	13	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2	...	2	4	45	1	12	15	...	8	16	7	20	24	70	58	...	84	55	3	18	24	123	129	...	3
...	...	...	1	...	1	...	1	...	1	...	...	2	...	1	...	1	...	...	...	..	1	...	8	...	...
...	...	·01	·03	·48	·06	·14	·15	·02	·11	·18	·07	·21	·20	·72	·42	·02	·84	·98	·03	·22	·28	1·12	1·77	·03	·02

TABLE.

	STATIONS.	Average Annual Strength	Ratio per 1,000 of Average Strength.			Total admissions, deaths and constantly sick.		Causes of								
			Admissions.	Deaths.	Average number constantly sick.			Small-pox.	Influenza.	Simple Continued Fever.	Enteric Fever.	Cholera.	Dysentery.	Malarial Fevers.	Septic Diseases.	Venereal Diseases.
1	Port Blair	141	1,099·3	...	33·5	Admissions	155	...	...	12	...	...	5	46	...	30
						Deaths	...	...	...	...	...	...	...	...	...	...
						Average constantly sick	4·72	...	...	·45	...	...	·25	1·08	...	1·19
2	Rangoon	992	1,602·8	19·15	106·4	Admissions	1,590	...	5	89	3	...	64	460	...	520
						Deaths	19	...	...	...	1	...	2	1	...	...
						Average constantly sick	105·57	...	·19	2·59	·67	...	5·50	11·95	...	49·42
3	Thayetmyo	558	1,284·9	12·54	75·7	Admissions	717	...	...	...	2	...	43	153	...	251
						Deaths	7	...	...	...	2	...	...	1	...	...
						Average constantly sick	42·25	...	...	...	·13	...	2·35	5·20	...	18·66
4	Meiktila	338	1,553·3	5·92	92·6	Admissions	525	...	...	...	3	1	7	76	...	196
						Deaths	2	...	...	...	1	1	...	...	...	...
						Average constantly sick	31·31	...	...	...	·37	·01	·44	2·96	...	13·78
5	Fort Dufferin (Mandalay).	995	1,513·6	6·03	117·5	Admissions	1,506	...	...	...	8	...	23	228	1	715
						Deaths	6	...	...	...	2	...	...	2	...	...
						Average constantly sick	116·90	...	...	...	·88	...	2·40	9·64	·14	71·26
6	Shwebo	485	1,546·4	4·12	88·8	Admissions	750	...	...	5	...	...	21	164	1	290
						Deaths	2	...	...	...	...	...	...	1	...	...
						Average constantly sick	43·05	...	...	·21	...	...	1·02	6·30	·01	16·62
7	Bhamo	264	1,431·8	3·79	62·0	Admissions	378	...	...	...	1	...	8	193	...	67
						Deaths	1	...	...	...	...	...	...	...	...	...
						Average constantly sick	16·36	...	...	...	·19	...	·44	5·82	...	4·73
8	Belgaum	1,178	1,174·0	6·79	94·2	Admissions	1,383	1	...	4	2	...	12	78	...	805
						Deaths	8	...	...	...	1	...	...	...	...	...
						Average constantly sick	110·96	·19	...	·43	·25	...	1·14	4·09	...	71·63
9	Secunderabad	2,931	1,286·6	9·89	99·0	Admissions	3,771	...	...	22	61	...	104	613	3	1,556
						Deaths	29	...	...	...	15	...	2	...	...	...
						Average constantly sick	290·15	...	...	1·19	11·33	...	7·71	26·33	·04	150·16
10	Cannanore	105	1,066·7	28·57	64·8	Admissions	112	...	...	1	...	...	7	...	...	30
						Deaths	3	...	...	...	...	...	2	...	...	...
						Average constantly sick	6·80	...	...	·06	...	...	·58	...	...	2·86
11	Calicut	100	1,080·0	20·00	79·9	Admissions	108	...	...	1	2	...	...	4	...	49
						Deaths	2	...	...	...	1	...	...	...	...	...
						Average constantly sick	7·99	...	...	·02	·27	...	...	·21	...	3·71
12	Mallapuram	145	1,269·0	13·79	71·6	Admissions	184	...	...	8	2	...	1	4	...	74
						Deaths	2	...	...	...	...	...	...	...	...	...
						Average constantly sick	10·38	...	...	·23	·27	...	·06	·18	...	4·62
13	Madras	523	1,439·8	13·38	92·5	Admissions	753	...	71	42	8	...	26	45	...	284
						Deaths	7	...	1	...	2	...	...	...	...	...
						Average constantly sick	48·40	...	3·46	1·51	1·28	...	1·50	1·34	...	21·11
14	St. Thomas' Mount	326	1,558·3	12·27	86·4	Admissions	508	...	13	50	2	...	8	70	...	163
						Deaths	4	...	...	...	...	...	1	1	...	...
						Average constantly sick	28·18	...	·44	1·40	·36	...	·80	2·72	...	11·47
15	Pallavaram	55	1,218·2	...	64·9	Admissions	67	...	...	3	...	...	8	6	...	28
						Deaths	...	...	...	...	...	...	...	...	...	...
						Average constantly sick	3·57	...	...	·17	...	...	·42	·11	...	1·90

ADMISSION AND OF DEATH. CONSTANTLY SICK BY DISEASES.

	Parasitic Diseases.	Scurvy.	Alcoholism.	Rheumatic Fever.	Rheumatism.	Tubercle.	Anæmia and Debility.	Other General Diseases.	Mental Diseases.	Other Nervous Diseases.	Eye Diseases.	Ear Diseases.	Circulatory Diseases.	Pneumonia.	Other Respiratory Diseases.	Diarrhœa.	Hepatic Abscess.	Other Digestive Diseases.	Lymphatic Diseases.	Urinary Diseases.	Generative Diseases.	Locomotive Diseases.	Diseases of the Connective Tissue and Skin.	Poisons and Injuries.	Other Local Diseases.	No appreciable disease and Not yet diagnosed.
1	... ...	... ...	... ...	... ...	7 ... ·12	... ...	2 ... ·03	... ...	... ...	2 ... ·04	... ...	1 ... ·01	... ...	... ...	... ...	1 ... 01	... ...	8 ... ·25	... ...	... ...	... ...	... ...	20 ... ·57	21 ... ·69	... ...	... ...
2	1 ... ·01	... ...	1 ... ·03	1 ... ·10	34 ... 3·88	2 ... 2·32	13 ... 2·19	6 1 ·63	1 ... 1·99	8 ... ·97	8 ... ·65	13 ... 1·08	2 ... ·45	4 1 ·57	29 ... 1·61	1 ... ·04	5 5 ·23	69 1 3·99	23 ... 4·09	5 1 ·66	12 ... ·51	9 1 ·45	110 ... 4·82	85 5 3·76	... ...	7 ... ·22
3	2 ... ·05	... ...	2 ... ·08	... ...	5 ... ·17	5 ... 1·31	28 ... 1·82	1 ... ·02	4 ... ·66	5 ... ·20	1 ... ·09	16 ... ·99	4 ... ·36	2 ... ·16	17 ... ·91	1 ... ·15	... ...	55 1 2·37	17 ... 1 70	... ...	10 ... ·51	6 ... ·34	44 ... 1·98	42 3 2·02	... ...	1 ... ·02
4	... ...	... ...	7 ... ·09	... ...	26 ... 1·65	... ...	36 ... 2·25	5 ... ·47	3 ... ·40	... ... ·02	2 ... ·04	4 ... ·16	1 ... ·05	... ...	13 ... ·74	1 ... ·01	... ...	36 ... 1·47	6 ... ·71	1 ... ·12	6 ... ·27	2 ... ·10	31 ... 1·80	59 ... 3·26	1 ... ·06	2 ... ·08
5	3 ... ·07	... ...	... 1 ...	... ...	42 ... 3·93	2 ... ·34	44 ... 3·39	2 ... ·48	2 ... ·87	8 ... ·42	5 ... ·17	21 ... 1·91	5 ... ·73	3 ... ·20	18 ... 1·32	1 ... ·07	2 ... ·44	130 ... 6·87	33 ... 1·33	1 ... ·02	6 ... ·24	3 ... ·38	113 ... 5·39	86 1 3·93	... ...	1 ... ·08
6	2 ... ·05	... ...	1 ... ·05	1 ... ·16	8 ... 1·60	... ...	15 ... 2·06	5 ... ·33	... ...	3 ... ·28	7 ... ·75	4 ... ·69	5 ... ·30	... ...	7 ... ·91	7 ... ·20	... ...	37 ... 3·29	... ...	1 ... ·09	3 ... ·08	4 ... ·16	84 ... 4·94	74 1 2·92	1 ... ·03	... ...
7	... ...	... ...	2 ... ·08	... ...	... ...	... ...	1 ... ·17	... ...	... ...	2 ... ·13	6 ... ·11	5 ... ·10	... ...	... ...	3 ... ·17	... ...	... ...	28 ... 1·32	4 ... ·54	... ...	4 ... ·21	2 ... ·08	25 ... ·83	27 1 1·44	... ...	... ...
8	... ...	... ...	7 ... ·29	1 1 ·12	24 ... ·50	4 1 ·94	9 ... ·54	1 ... ·14	... ...	14 ... ·90	13 ... ·36	9 ... ·45	5 ... ·68	... ...	23 1 1·39	... ...	2 1 ·14	82 1 4·36	56 ... 6·94	3 ... ·13	12 ... ·58	14 ... 1·01	85 ... 4·61	115 2 9·00	1 ... ·07	1 ... ·08
9	4 ... ·09	... ...	15 ... ·63	3 ... ·16	78 ... 5·52	9 1 2·28	63 ... 5·35	10 1 ·75	2 ... ·41	20 ... 1·83	38 ... 2·42	13 ... ·53	18 2 1·05	4 ... ·51	98 ... 5·31	14 ... ·63	3 2 ·02	268 1 15·75	132 ... 17·68	6 2 ·51	33 ... 2·22	9 ... ·91	233 ... 12·23	334 3 16·08	1 ... ·18	4 ... ·34
10	1 ... ·01	... ...	1 ... ·01	... ...	1 ... ·03	... ...	4 ... ·32	2 ... ·14	... ...	... ...	3 ... ·11	1 ... ·03	1 1 ...	... ...	3 ... ·12	1 ... ·03	... ...	15 ... ·70	2 ... ·50	... ...	1 ... ·04	6 ... ·18	23 ... ·73	9 ... ·35	... ...	... ...
11	... ...	... ...	... ...	... ...	3 ... ·09	1 ... ·28	1 ... ·05	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ... ·02	1 ... ·02	1 1 ·07	3 ... ·13	14 ... 2·18	... ...	1 ... ·01	... ...	17 ... ·62	9 ... ·31	... ...	... ...
12	... ...	... ...	2 ... ·04	... ...	1 ... ·05	... ...	7 ... ·31	... ...	... ...	2 ... ·05	... ...	1 ... ·02	1 1 ·01	... ...	... ...	1 ... ·02	... ...	25 ... ·96	12 ... 1·13	... ...	2 ... ·07	2 ... ·26	19 ... ·88	18 1 1·11	... ...	2 ... ·11
13	4 ... ·53	... ...	11 ... ·65	... ...	11 ... ·73	1 ... ·93	16 ... 1·30	3 ... ·19	1 ... ·27	4 ... ·29	... ...	22 ... ·45	1 ... ·33	2 1 ·26	17 ... 1·01	2 ... ·03	3 1 ·41	51 1 3·45	8 ... 1·32	1 ... ·26	11 ... ·56	5 ... ·37	55 ... 2·44	47 1 2·29	... ...	1 ... ·13
14	1 ... ·01	... ...	1 ... ·12	... ...	7 ... ·51	1 ... ·41	13 ... ·86	2 ... ·14	... ...	3 ... ·27	8 ... ·30	8 ... ·36	... ...	1 ... ·10	9 ... ·23	3 ... ·11	2 1 ·07	43 ... 2·51	11 ... 1·26	... ...	5 ... ·23	... ...	50 ... 2·35	34 1 1·15	... ...	... ...
15	... ...	... ...	... ...	... ...	... ...	1 ... ·21	1 ... ·04	... ...	1 ... ·01	2 ... ·02	... ...	1 ... ·01	... ...	... ...	2 ·09	1 ... ·01	... .	5 ... ·18	3 ... ·19	... ...	1 ... ·04	... ...	1 ... ·09	3 ... ·08	... ...	... ...

TABLE

	STATIONS.	Average Annual Strength	Ratio per 1,000 of Average Strength.			Total admissions, deaths, and constantly sick.		Causes of								
			Admissions.	Deaths.	Average number constantly sick.			Small-pox.	Influenza.	Simple Continued Fever.	Enteric Fever.	Cholera.	Dysentery.	Malarial Fevers.	Septic Diseases.	Venereal Diseases.
16	Bangalore	2,114	988·2	8·51	79·5	Admissions	2,089	...	...	104	39	...	44	129	...	898
						Deaths	18	...	...	...	11	...	...	...	...	...
						Average constantly sick	168·12	...	...	4·54	6·37	...	3·12	5·41	...	95·53
17	Bellary	661	1,066·6	6·05	71·7	Admissions	705	...	2	...	...	...	13	136	...	336
						Deaths	4	...	...	...	...	...	...	...	...	...
						Average constantly sick	47·40	...	·04	...	...	...	·58	4·41	...	26·59
18	Ramandrug	37	1,270·3	...	52·4	Admissions	47	...	...	...	...	...	3	5	...	18
						Deaths	...	...	...	...	...	...	...	...	...	...
						Average constantly sick	1·94	...	...	...	...	...	·13	·22	...	1·14
19	Wellington	1,110	1,182·9	5·41	69·7	Admissions	1,313	...	...	4	5	...	29	169	6	512
						Deaths	6	...	...	...	3	...	...	...	...	...
						Average constantly sick	77·39	...	...	·13	·46	...	1·94	6·97	·19	42·33
20	Bernardmyo	166	909·6	6·02	50·4	Admissions	151	...	...	...	...	...	1	49	...	42
						Deaths	1	...	...	...	...	...	...	...	...	...
						Average constantly sick	8·36	...	...	...	...	...	·05	2·01	...	3·55
21	Poonamallee Depôt	78	1,487·2	64·10	227·3	Admissions	116	...	...	2	...	...	15	3	...	27
						Deaths	5	...	...	...	...	...	...	...	...	...
						Average constantly sick	17·73	...	·07	·05	...	...	2·08	·39	...	4·32
22	Madras Troops on the march.	105	1,228·6	9·52	17·3	Admissions	129	...	...	13	...	...	2	4	...	37
						Deaths	1	...	...	...	...	...	...	...	...	1
						Average constantly sick	1·82	...	...	·14	...	...	·01	·08	...	·65

XXXII—continued.

	Admission and of Death. Constantly Sick by Diseases.																									
	Parasitic Diseases.	Scurvy.	Alcoholism.	Rheumatic Fever.	Rheumatism.	Tubercle.	Anæmia and Debility.	Other General Diseases.	Mental Diseases.	Other Nervous Diseases.	Eye Diseases.	Ear Diseases.	Circulatory Diseases.	Pneumonia.	Other Respiratory Diseases.	Diarrhœa.	Hepatic Abscess.	Other Digestive Diseases.	Lymphatic Diseases.	Urinary Diseases.	Generative Diseases.	Locomotive Diseases.	Diseases of the Connective Tissue and Skin.	Poisons and Injuries.	Other Local Diseases.	No appreciable disease and Not yet diagnosed.
6	4 ... ·08	... ...	8 ... ·30	... ...	25 ... 1·54	5 ... ·24	27 ... 1·87	4 ... ·28	1 ... ·12	7 ... ·66	31 ... 1·19	11 ... ·37	8 2 ·79	11 2 ·86	41 ... 3·10	5 ... ·33	1 ... ·02	216 ... 10·84	70 ... 7·19	1 ... ·10	31 ... 2·50	23 ... 1 85	130 ... 7·22	214 3 11·62	... ...	1 ... ·08
7	... ...	... ...	2 ... ·11	... ...	12 ... 1·06	1 ... ·10	11 ... ·65	2 ... ·18	1 ... ·17	1 1 ·09	9 ... ·59	7 ... ·23	7 ... ·78	2 ... ·32	6 ... ·23	2 ... ·11	1 1 ·01	24 ... 1·84	27 ... 4·02	1 ... ·04	3 ... ·27	11 ... ·69	38 ... 2·10	48 2 2·08	... ...	2 ... ·11
8	1 ... ·02	... ...	1 ... ·02	... ...	1 ... ·02	... ...	1 ... ·05	... ...	... ...	2 ... ·04	1 ... ·01	... ...	... ...	... ...	2 ... ·03	... ...	... ...	7 ... ·13	... ...	... ...	1 ... ·03	... ...	1 ... ·03	3 ... ·07	... ...	... ...
9	... ...	... ...	2 ... ·05	4 ... ·66	39 ... 1·61	4 1 1·40	25 ... 1·34	14 ... ·56	1 ... 1·37	7 ... ·60	11 ... ·54	5 ... ·10	3 ... ·16	1 1 ·01	32 ... ·81	1 ... ·01	1 ... ·04	106 ... 2·77	18 ... 1·20	4 ... ·37	17 ... ·57	6 ... ·38	66 ... 3·05	192 1 7·25	... ...	29 ... ·52
0	... ...	... ...	... ...	... ...	12 ... ·62	... ...	... ...	1 ... ·04	... ...	... ...	1 ... ·08	... ...	... ...	... ...	1 ... ·04	... ...	... ...	9 1 ·46	4 ... ·49	2 ... ·04	2 ... ·04	3 ... ·10	9 ... ·39	15 ... ·45	... ...	... ...
1	... ...	... ...	... ...	2 ... ·86	10 ... 2·46	3 1 1·86	2 ... ·70	... ...	... ...	2 ... ·20	3 ... ·17	1 ... ·02	2 ... ·31	1 ... ·06	1 ... ·43	... ...	2 1 ·10	13 1 1·52	2 ... ·42	... 1 ·06	... ...	1 ... ·36	19 ... 1·18	5 1 ·11	... ...	... ...
2	... ...	... ...	... ...	... ...	2 ... ·03	... ...	1	... ...	... ...	... ...	... ...	... ...	... ...	1 ... ·02	2 ... ·02	5 ... ·03	... ...	3 ... ·01	2 ... ·04	... ...	... ...	4 ... ·06	27 ... ·38	26 ... ·35	... ...	... ...

	STATIONS.	Average Annual Strength	Admissions.	Ratio per 1,000 of Average Strength.		Total admissions, deaths, and constantly sick.		Causes of								
				Deaths.	Average number constantly sick.			Small-pox.	Influenza.	Simple Continued Fever.	Enteric Fever.	Cholera.	Dysentery.	Malarial Fevers.	Septic Diseases.	Venereal Diseases.
1	Hyderabad	314	1,636·9	9·55	71·1	Admissions	514	...	...	2	1	...	11	131	...	185
						Deaths	3	...	...	...	...	...	...	...	...	...
						Average constantly sick	22·32	...	...	·04	·19	...	·48	2·77	...	11·17
2	Kurrachee	1,424	1,764·0	9·13	81·5	Admissions	2,512	...	...	9	7	...	54	1,235	...	461
						Deaths	13	...	...	...	1	...	...	1	...	...
						Average constantly sick	116·07	·13	...	·48	·97	...	2·84	34·46	...	32·87
3	Nasirabad	755	1,794·7	14·57	80·2	Admissions	1,355	1	...	4	15	...	11	591	...	333
						Deaths	11	...	...	...	3	...	1	...	...	...
						Average constantly sick	60·52	·13	...	·21	1·77	...	·55	17·79	...	22·17
4	Neemuch	435	2,487·4	13·79	102·3	Admissions	1,082	...	...	...	1	...	...	522	...	343
						Deaths	6	...	...	...	1	...	...	...	...	...
						Average constantly sick	44·50	...	...	...	·14	...	...	12·60	...	22·18
5	Indore	106	2,226·4	9·43	127·7	Admissions	236	...	...	11	...	...	1	47	...	126
						Deaths	1	...	...	...	...	...	...	...	...	...
						Average constantly sick	13·54	...	...	·99	...	...	·05	1·84	...	8·04
6	Mhow	1,642	1,772·8	23·75	126·4	Admissions	2,911	3	...	18	110	...	27	548	2	1,360
						Deaths	39	1	...	...	25	...	2	...	...	...
						Average constantly sick	207·57	·22	...	1·92	14·92	...	1·63	19·86	·20	117·85
7	Ahmedabad	236	2,974·6	33·90	125·2	Admissions	702	...	...	70	8	...	7	199	...	211
						Deaths	8	...	...	...	1	...	...	1	...	1
						Average constantly sick	29·54	...	...	1·94	1·08	...	·26	4·16	...	13·40
8	Deesa	369	1,306·2	2·71	71·0	Admissions	482	...	...	...	4	...	3	190	...	161
						Deaths	1	...	...	...	1	...	...	...	...	...
						Average constantly sick	26·21	...	...	...	·37	...	·14	8·01	...	12·98
9	Ahmednagar	722	741·0	18·01	46·9	Admissions	535	...	...	...	45	...	13	123	2	197
						Deaths	13	...	...	...	11	...	...	...	...	...
						Average constantly sick	33·88	...	...	...	5·84	...	·56	7·06	·06	14·00
10	Poona	2,030	1,344·8	13·30	88·0	Admissions	2,730	4	...	28	32	...	52	667	...	1,210
						Deaths	27	1	...	...	14	...	...	...	...	...
						Average constantly sick	178·54	·88	...	1·61	4·00	...	2·32	21·81	...	104·73
11	Kirkee	777	1,216·2	9·01	69·7	Admissions	945	...	...	...	16	3	16	235	1	405
						Deaths	7	...	...	...	2	2	...	...	...	...
						Average constantly sick	54·19	...	...	...	2·42	·03	·49	6·38	·08	32·69
12	Satara	214	1,668·2	9·35	66·6	Admissions	357	...	...	2	2	...	3	155	...	105
						Deaths	2	...	...	...	...	...	...	...	...	...
						Average constantly sick	14·26	...	...	.09	·33	...	·07	2·57	...	7·97
13	Kamptee	776	958·8	16·75	75·8	Admissions	744	2	...	2	12	...	4	191	...	311
						Deaths	13	1	...	...	6	...	...	...	...	...
						Average constantly sick	58·80	·08	...	·12	1·21	...	·11	6·78	...	33·36
14	Sitabaldi	44	2,181.8	...	39·1	Admissions	96	...	...	2	1	...	...	36	...	26
						Deaths	...	...	...	...	...	...	...	...	...	...
						Average constantly sick	1·72	...	...	·03	.03	...	...	·48	...	·57
15	Colaba (Bombay)	1,359	1,160·4	14·72	76·0	Admissions	1,577	...	...	59	3	...	19	295	1	706
						Deaths	20	...	...	1	1	...	...	2	...	...
						Average constantly sick	103·27	...	...	1·09	·32	...	.97	7·55	·14	61·15

ADMISSION AND OF DEATH. CONSTANTLY SICK BY DISEASES.

	Parasitic Diseases.	Scurvy.	Alcoholism.	Rheumatic Fever.	Rheumatism.	Tubercle.	Anæmia and Debility.	Other General Diseases.	Mental Diseases.	Other Nervous Diseases.	Eye Diseases.	Ear Diseases.	Circulatory Diseases.	Pneumonia.	Other Respiratory Diseases.	Diarrhœa.	Hepatic Abscess.	Other Digestive Diseases.	Lymphatic Diseases.	Urinary Diseases.	Generative Diseases.	Locomotive Diseases.	Diseases of the Connective Tissue and Skin.	Poisons and Injuries.	Other Local Diseases.	No appreciable disease and Not yet diagnosed.
1	... ...	... ...	... ...	... ...	1 ... ·01	... ...	4 ... ·10	1 ... ·08	... ...	7 1 .26	3 ... ·45	7 ... ·12	2 1 .02	... ...	4 ... ·06	14 ... ·45	2 ... ·37	36 ... 1·20	12 1 1·41	... ...	3 ... ·07	7 ... ·52	42 ... 1·15	39 ... 1·40	... ...	... ...
2	2 ... ·01	1 ... ·02	2 ... ·26	... ...	25 ... 1·58	3 ... ·37	31 ... 1·81	10 ... 1·04	4 ... 1·24	15 ... 1·00	15 ... 1·23	41 ... 2·83	22 1 1·43	6 1 ·73	54 ... 3·42	29* 1* ·96	3 2 ·42	121 2 6·57	71 ... 5.93	8 1	16 ... ·69	18 ... 2·20	163 ... 6·31	81 3 3·29	3 ... ·11	2 ... ·17
3	7 ... ·14	... ...	12 ... ·40	1 ... ·04	13 ... ·94	... ... ·10	15 ... 1·25	3 ... .30	2 ... .59	3 ... ·08	6 ... ·25	10 ... ·30	7 1 ·58	1 ... ·09	14 ... ·50	34 ... 1·20	5 4 ·64	95 ... 3·03	13 ... 1·31	1 ... ·19	4 ... ·22	2 ... .17	61 ... 2·25	90 2 3·31	... ...	1 ... ·02
4	... ...	... ...	8 ... ·17	... ...	23 ... 1·11	... ...	3 ... ·16	5 ... 1·05	1 ... ·20	2 ... ·05	... ...	1 ... ·10	1 1 ·01	1 ... ·09	33 1 1·35	4 ... ·09	2 2 ·37	36 ... 1·26	4 ... ·16	1 ... ·08	3 ... ·20	... ...	42 ... 1·22	46 1 1·91	... ...	... ...
5	1 ... ·02	... ...	... ...	... ...	1 ... ·11	1 ... ·47	... ...	1 ... ·11	... ...	... ...	2 ... ·14	2 ... ·07	1 ... ·03	... ...	6 ... ·32	4 ... ·08	1 1 ·11	11 ... ·36	3 ... ·29	... ...	2 ... ·08	... ...	8 ... ·19	7 ... ·24	... ...	... ...
6	4 ... ·20	... ...	3 ... ·10	1 ... ·15	42 ... 2·72	1 1 ·01	38 ... 2·63	3 1 ·20	4 ... ·96	17 2 1·15	12 ... 1·08	16 1 1·06	20 2 2·81	6 ... ·58	35 ... 2·46	38 ... 1·86	2 2 ·03	163 1 8·73	63 ... 6·09	2 ... ·40	22 ... 1·70	13 ... 1·04	126 ... 5·51	202 1 9·13	1 ... ·01	9 ... ·36
7	2 ... ·03	... ...	1 ... ·02	... ...	8 ... ·43	... ...	3 ... ·14	3 ... ·18	2 ... ·51	2 ... ·15	3 ... ·12	7 ... ·16	3 ... ·23	1 ... ·06	8 1 ·42	13 ... ·29	... ...	37 ... ·95	11 ... ·79	... ... ·16	6 ... ·31	4 ... ·40	48 ... 1·61	43 4 1·72	... ...	2 ... ·02
8	... ...	... ...	... ...	... ...	3 ... ·37	2 ... ·13	7 ... ·25	2 ... ·07	1 ... ·17	2 ... ·05	4 ... ·15	6 ... ·37	5 ... ·40	... ...	2 ... ·04	5 ... ·17	... ...	25 ... ·67	2 ... ·10	... ...	3 ... ·04	3 ... ·08	19 ... ·85	33 ... ·80	... ...	... ...
9	... ...	... ...	4 ... ·05	... ...	2 ... ·22	2 1 ·42	2 ... ·13	1 ... ·06	... ... ·09	2 ... ·12	6 ... ·09	4 ... ·08	1 ... ·01	4 ... ·14	8 ... ·17	6 ... ·08	1 ... ·30	23 1 ·91	6 ... ·51	1 ... ·20	3 ... ·08	4 ... ·21	30 ... 1·02	44 ... 1·46	1 ... ·01	... ...
10	4 ... ·09	... ...	4 ... ·13	... ...	48 ... 2·98	3 ... ·59	61 ... 3·38	9 ... ·43	5 ... ·87	11 ... 1·35	27 ... 1·98	4 ... ·27	3 1 ·24	5 1 ·32	44 ... 2·17	34 ... ·93	4 2 ·88	143 1 6·28	58 ... 6·39	1 ... ·06	17 ... ·87	10 ... ·58	79 ... 4·79	156 7 7·19	3 ... ·29	4 ... ·13
11	... ...	... ...	... ...	1 ... ·19	13 ... ·70	... ...	43 ... 1·74	4 ... ·27	1 ... ·28	1 ... ·02	5 ... ·14	2 ... ·02	1 ... ·01	2 ... ·24	12 ... ·50	9 ... ·19	1 ... ·43	45 1 1·69	13 ... ·86	3 ... ·20	8 ... ·36	9 ... ·70	35 ... 1·22	61 2 2·34	... ...	... ...
12	8 ... ·10	... ...	... ...	... ...	2 ... ·10	... ... ·05	4 ... ·15	... ...	1 ... ·15	1 ... ·04	1 ... ·06	... ...	... 2 ...	3 ... ·15	5 ... ·20	2 ... ·03	... ...	18 ... ·62	4 ... ·30	... ...	6 ... ·14	... ...	15 ... ·37	19 ... ·76	... ...	1 ... ·01
13	... ...	... ...	1 ... ·05	... ...	16 ... 1·93	3 1 ·54	15 ... 1·23	2 ... ·10	... ...	7 2 ·50	8 ... ·37	7 ... ·48	8 ... ·65	... ...	9 ... ·81	... ...	1 1 ·05	28 ... 1·91	17 ... 3·27	... ...	6 ... ·34	18 ... 1·63	38 ... 1·48	36 2 1·74	... ...	2 ... ·06
14	... ...	... ...	... ...	... ...	3 ... ·06	... ...	... ...	... ...	... ...	... ...	1 ... .02	1 ... ·01	1 ... ·03	... ...	... ...	4 ... ·06	... ...	5 ... ·10	2 ... ·05	... ...	... ...	1 ... ·04	2 ... ·03	11 ... ·21	... ...	... ...
15	1 ... ·04	... ...	2 ... ·05	2 ... ·21	25 ... 2·69	3 1 ·81	26 ... 3·90	3 2 ·31	2 ... ·69	13 ... 1·06	21 ... 2·87	16 ... ·52	3 1 ·15	1 ... ·22	31 ... 1·16	17 1 ·18	2 2 ·63	76 ... 3·29	11 ... ·98	4 2 ·43	16 ... ·77	7 ... ·25	79 ... 5·03	133 7 5·81	... ...	... ...

*One epidemic diarrhœa.

TABLE

	STATIONS.	Average Annual Strength	Ratio per 1,000 of Average Strength.			Total admissions, deaths, and constantly sick.		Cause								
			Admissions.	Deaths.	Average number constantly sick.			Small-pox.	Influenza.	Simple Continued Fever.	Enteric Fever.	Cholera.	Dysentery.	Malarial Fevers.	Septic Diseases.	Venereal Diseases.
16	Taragarh	41	1,780·5	24·39	82·9	Admissions	73	...	...	...	2	...	1	27	...	18
						Deaths	1	...	...	...	...	...	...	...	...	...
						Average constantly sick	3·40	...	...	...	·35	...	·02	·72	...	1·12
17	Mount Abu	53	1,547·2	...	107·0	Admissions	82	...	...	...	1	...	...	30	...	30
						Deaths	...	...	...	...	...	...	...	...	...	...
						Average constantly sick	5·67	...	...	...	·17	...	...	·74	...	3·44
18	Purandhur	131	1,030·5	22·90	50·8	Admissions	135	...	...	1	1	...	2	32	1	40
						Deaths	3	...	...	...	1	...	...	...	...	...
						Average constantly sick	6·65	...	...	·10	·01	...	·14	·75	...	2·59
19	Khandalla Depôt	85	1,094·1	11·76	57·5	Admissions	93	...	...	3	1	...	...	14	...	28
						Deaths	1	...	...	...	...	...	...	...	...	...
						Average constantly sick	4·89	...	...	·11	·01	...	...	·57	...	1·93
20	Deolali ,,	774	2,146·0	9·04	80·5	Admissions	1,661	...	...	17	9	...	36	385	...	568
						Deaths	7	...	...	...	2	...	...	...	...	...
						Average constantly sick	62·30	...	...	·50	·51	...	·82	9·53	·03	28·42
21	Aden	1,050	1,835·2	16·19	85·6	Admissions	1,927	1	1	34	6	...	36	625	...	472
						Deaths	17	...	...	...	1	...	1	...	...	...
						Average constantly sick	89·88	·11	·02	·82	·96	...	1·96	16·71	...	34·46
22	Khandwa	2	500·0	...	10·0	Admissions	1	...	...	...	...	...	...	...	...	...
						Deaths	...	...	...	...	...	...	...	...	...	...
						Average constantly sick	·02	...	...	...	...	...	...	...	...	...
23	Bombay Troops on the march	77	3,896·1	12·99	4·7	Admissions	30	...	...	...	...	...	...	6	...	10
						Deaths	1	...	...	...	...	...	...	...	...	...
						Average constantly sick	·36	...	...	...	...	...	...	·08	...	·16
1	ARMY OF BENGAL	44,271	1,566·5	18·54	94·5	Admissions	69,352	1	153	822	1,069	205	1,154	21,014	114	22,117
						Deaths	821	...	...	...	300	146	32	29	5	4
						Average constantly sick	4,182·36	·10	8·89	40·70	152·36	5·42	90·84	701·04	6·96	1,877·70
2	ARMY OF MADRAS	13,407	1,272·2	9·47	88·7	Admissions	17,057	1	91	360	138	1	444	2,635	11	6,928
						Deaths	127	...	1	...	39	1	7	6	...	1
						Average constantly sick	1,189·35	·19	4·20	13·12	22·83	·01	32·55	97·42	·38	617·23
3	ARMY OF BOMBAY	13,416	1,548·9	14·46	84·8	Admissions	20,780	11	1	262	277	3	296	6,284	7	7,306
						Deaths	194	3	...	1	70	2	4	4	...	1
						Average constantly sick	1,138·10	1·42	·02	10·05	35·60	·03	13·41	183·22	·51	567·25
4	ARMY OF INDIA	71,094	1,507·7	16·06	91·6	Admissions	107,189	13	245	1,444	1,484	209	1,894	29,933	132	36,351
						Deaths	1,142	3	1	1	409	149	43	39	5	6
						Average constantly sick	6,509·81	1·71	10·11	63·87	210·79	5·46	136·80	981·68	7·85	3,062·18

CORPS.	BENGAL.*			
	Average Strength of Warrant Officers, Non-Commissioned Officers and men.	Admitted into Hospital.	Died.	Inv
Cavalry	3,720	5,125	52	
Artillery	7,080	11,061	149	
Engineers	46	24	1	
Infantry	32,517	52,328	608	
Convalescent Depôts	...	...	...	
Garrison Staff and Departments	797	592	11	
GENERAL TOTAL	44,160	69,130	821	1,

N.B.—This table is derived from the General Returns o

* Excluding Wazir

ADMISSION AND OF DEATH. CONSTANTLY SICK BY DISEASES.

	Parasitic Diseases.	Scurvy.	Alcoholism.	Rheumatic Fever.	Rheumatism.	Tubercle.	Anæmia and Debility.	Other General Diseases.	Mental Diseases.	Other Nervous Diseases.	Eye Diseases.	Ear Diseases.	Circulatory Diseases.	Pneumonia.	Other Respiratory Diseases.	Diarrhœa.	Hepatic Abscess.	Other Digestive Diseases.	Lymphatic Diseases.	Urinary Diseases.	Generative Diseases.	Locomotive Diseases.	Diseases of the Connective Tissue and Skin.	Poisons and Injuries.	Other Local Diseases.	No appreciable disease and Not yet diagnosed.
16	...	...	...	...	1	...	5	...	...	...	...	...	...	...	...	2	1	5	3	...	1	...	1	6	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	..	...	...	...	...	...	...
	...	...	...	...	·01	...	·19	...	...	...	...	...	...	...	...	·10	·09	·20	·26	...	·02	...	·02	·30	...	...
17	...	...	...	1	...	...	1	...	...	...	...	...	...	...	1	8	...	5	1	...	1	...	2	1	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	...	...	...	·04	...	...	·07	...	...	...	...	...	...	...	·07	·31	...	·11	·46	...	·02	...	·22	·02	...	...
18	...	...	...	...	3	1	14	...	...	...	6	3	...	...	1	2	...	9	3	...	2	1	4	9	...	...
	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
	...	...	...	...	·36	·09	·68	...	...	...	·30	·06	...	...	·02	·06	·15	·35	·29	...	·07	·03	·23	·37	...	...
19	...	...	...	...	4	...	10	...	...	2	4	...	...	...	1	...	...	12	6	...	3	...	...	5	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
	...	...	...	...	·15	...	·62	...	...	·09	·19	...	...	...	·02	...	...	·52	·39	...	·12	...	...	·17	...	...
20	3	1	4	...	30	46	64	18	1	30	15	10	86	2	50	20	13	84	19	10	19	12	58	51	...	...
	...	...	...	...	...	2	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	1	...	...
	·06	·02	·10	·08	1·35	2·01	2·32	·45	·08	1·15	·72	·41	3·28	·13	1·70	·47	·45	2·31	1·36	·38	·38	·33	1·67	1·28	...	...
21	2	1	2	...	31	7	74	47	1	5	13	22	12	2	40	48	3	89	25	2	14	10	173	127	1	1
	...	...	...	...	...	1	...	1	...	...	...	...	2	2	...	...	3	...	...	...	...	...	...	6	...	...
	·05	·04	·09	...	1·85	2·01	4·16	1·83	·61	·16	·61	·66	·53	·33	2·23	1·33	·09	3·34	1·78	·02	·72	·59	6·42	5·34	·03	·02
22	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	·02	...	...	...	...	...	...	...	...
23	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	1	...	1	1	...	...	...	...	9	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
	...	...	...	...	·02	...	...	...	...	·01	...	...	...	...	...	...	...	·01	·01	...	...	...	...	·07	...	...
1	157	10	189	62	1,125	118	813	241	62	248	459	754	402	197	1,439	1,159	69	4,273	1,190	92	523	396	4,281	4,317	37	90
	...	...	...	1	...	21	1	10	1	15	...	...	14	44	13	2	51	25	1	11	...	2	1	92	...	...
	3·34	·93	6·78	9·59	81·43	27·36	60·04	20·36	18·46	17·30	31·64	37·42	48·57	16·77	66·82	41·94	9·40	188·29	137·33	9·71	34·66	29·48	192·30	204·81	2·56	4·06
2	23	...	63	12	348	39	320	58	17	92	147	143	63	32	325	48	23	1,233	444	26	161	110	1,200	1,466	4	51
	...	...	1	1	...	4	...	2	...	1	...	...	6	5	1	...	13	7	...	4	...	1	...	26	...	...
	·92	...	2·55	2·06	26·12	12·62	25·29	4·35	6·27	7·01	7·58	7·51	6·00	3·07	18·49	1·81	1·55	65·17	52·93	2·40	8·98	7·68	58·63	70·32	·34	1·77
3	34	3	43	6	295	72	420	112	25	121	152	159	176	34	358	294	41	1,068	348	33	155	119	1,025	1,209	9	22
	...	...	...	...	...	8	...	4	...	5	...	1	13	4	2	2	21	7	1	3	1	...	...	37	...	...
	·74	·08	1·42	·71	19·69	7·60	24·91	6·48	6·44	7·24	10·77	7·52	10·41	3·08	17·62	8·84	5·01	44·43	32·99	2·95	7·20	8·77	41·59	48·86	·45	·79
4	214	13	295	80	1,768	229	1,553	411	104	461	758	1,056	641	263	2,122	1,501	133	6,574	1,982	151	839	625	6,506	6,992	50	163
	...	...	1	2	...	33	1	16	1	21	...	1	33	53	16	4	85	39	2	18	1	3	1	155	...	...
	5·00	1·01	10·75	12·36	127·24	47·58	110·24	31·19	31·17	31·55	49·99	52·45	64·98	22·92	102·93	52·59	15·96	297·89	223·25	15·06	50·84	45·93	292·52	323·99	3·35	6·62

MADRAS.				BOMBAY.			
Average Strength of Warrant Officers Non-Commissioned Officers and men.	Admitted into Hospital.	Died.	Invalided.	Average Strength of Warrant Officers, Non-Commissioned Officers and men.	Admitted into Hospital.	Died.	Invalided.
1,064	1,356	11	41	693	1,119	10	14
2,155	2,732	30	68	3,254	4,902	44	86
47	16	1	1	48	51	1	...
8,714	11,420	68	208	9,130	14,408	136	258
1,188	1,429	11	69	...	...	...	...
239	104	6	1	291	300	3	9
13,407	17,057	127	388	13,416	20,780	194	367

rincipal Medical Officers, Bengal, Madras, and Bombay.
ield Force.

XXXIII.

DETAIL of the CAUSES of ADMISSION and DEATH of the EUROPEAN ARMY of INDIA.

CAUSES OF ADMISSION AND DEATH.	EUROPEAN ARMY.							
	BENGAL.		MADRAS.		BOMBAY.		INDIA.	
	Strength . 44,271 Admissions 69,352 Deaths . 821		Strength . 13,407 Admissions 17,057 Deaths . 127		Strength . 13,416 Admissions 20,780 Deaths . 194		Strength . 71,094 Admissions 107,189 Deaths . 1,142	
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died,
Small-pox	1	...	1	...	11	3	13	3
Cow-pox	1	...	...	...	...	...	1	...
Chicken-pox	2	...	1	...	...	...	3	...
Measles	6	...	2	...	3	...	11	...
Epidemic rose rash	4	...	...	...	...	...	4	...
Scarlet fever	5	...	2	...	1	...	8	...
Dengue	...	...	...	...	42	...	42	...
Influenza	153	...	91	1	1	...	245	1
Mumps	6	...	14	...	1	...	21	...
Diphtheria	1	1	...	...	1	1	2	2
Simple continued fever	822	...	360	...	262	1	1,444	1
Enteric fever	1,069	300	138	39	277	70	1,484	409
Cholera	205	146	1	1	3	2	209	149
Epidemic diarrhœa	...	...	...	...	1	1	1	1
Dysentery	1,154	32	444	7	296	4	1,894	43
Ague	20,012	11	2,452	1	6,099	1	28,563	13
Remittent fever	458	18	107	5	86	3	651	26
Malarial cachexia	544	...	76	...	99	...	719	...
Beri-Beri	...	...	2	1	...	...	2	1
Erysipelas	110	4	11	...	7	...	128	4
Pyæmia	2	1	...	...	...	...	2	1
Septicæmia	2	...	...	...	...	...	2	...
Syphilis, primary	7,325	...	2,629	...	2,345	...	12,299	...
,, secondary	2,941	3	1,359	1	1,000	1	5,300	5
Gonorrhœa	8,414	1	2,251	...	2,750	...	13,415	1
Hydrophobia	4	4	...	...	1	1	5	5
Tænia solium	138	...	17	...	30	...	185	...
,, mediocanellata	6	...	...	...	1	...	7	...
Echinococcus hominis	3	...	...	...	...	...	3	...
Ascaris lumbricoides	2	...	...	...	...	...	2	...
Filaria Medinensis	...	...	4	...	1	...	5	...
Oxyuris vermicularis	2	...	1	...	...	...	3	...
Culex anxifer	4	...	1	...	...	...	5	...
Acanthia lectularia	...	...	...	...	1	...	1	...
Pediculus capitis	2	...	...	...	...	...	2	...
,, vestimenti	...	...	...	...	1	...	1	...
Surfeit	...	...	1	...	...	...	1	...
Scurvy	10	...	...	...	3	...	13	...
Alcoholism	180	...	61	1	41	...	282	1
Delirium tremens	9	...	2	...	2	...	13	...
Malformation, not defined	...	...	...	...	4	...	4	...
,, of toes	2	...	3	...	...	...	5	...
Testicle retained in the inguinal canal	1	...	...	...	...	...	1	...
Congenital phimosis	1	...	1	...	...	...	2	...
Toes conjoined	1	...	...	...	...	...	1	...
Congenital distortion of toe	3	...	...	...	...	...	3	...
Debility	739	...	170	...	366	...	1,275	...
Rheumatic fever	62	1	12	1	6	...	80	2
Rheumatism	1,125	...	348	...	295	...	1,768	...
Gout	4	...	1	...	2	...	7	...
Osteo-arthritis	2	...	1	...	2	...	5	...
Non-malignant new growth, not defined	1	...	1	...	...	...	2	..
Hæmatoma	1	...	...	...	...	...	1	...
Pterygium	...	...	...	...	1	...	1	...
Fibroma, not defined	2	...	1	...	3	...	6	...
Elephantiasis	...	...	1	...	...	...	1	...
Fibroma, polypoid	2	...	...	...	...	...	2	...
Lipoma	1	...	...	...	...	...	1	...
Chondroma	3	...	...	...	2	...	5	...
Enchondroma	1	1	...	...	...	...	1	1
Osteoma	1	...	...	...	...	...	1	...
Exostosis	2	...	...	...	...	...	2	...
Mucous polypus	2	...	...	...	...	...	2	...
Dermoid cyst	2	...	...	...	...	...	2	...
Papilloma	4	...	...	...	27	...	31	...
Warts	151	...	20	...	...	...	171	...
Condyloma	...	...	1	...	...	...	1	...
Granulation tumour	...	...	...	...	1	...	1	...
Lymphoma	...	...	...	...	1	...	1	...
Malignant new growth :—								
Sarcoma, not defined	1	2	1	...	1	...	3	2
Carcinoma, not defined	...	...	1	1	2	2	3	3
,, scirrhus	...	1	...	...	...	...	...	1
Tubercle of the lungs	114	19	38	4	68	8	220	31
,, neck	...	...	...	...	3	...	3	...
,, kidney	1	1	...	...	...	...	1	1
,, testicle	3	1	1	...	1	...	5	1
Scrofula	16	...	3	...	13	...	32	...
Purpura	5	1	...	...	2	...	7	1
Anæmia	73	...	150	...	54	...	277	...
Idiopathic anæmia	1	1	...	...	...	...	1	1
Leucocythæmia	...	...	1	...	...	...	1	...
Hæmophilia	2	...	...	...	...	...	2	...
Diabetes mellitus	1	...	...	...	2	...	3	...
Congestion of the brain	4	1	...	...	1	1	5	2

CAUSES OF ADMISSION AND DEATH.	EUROPEAN ARMY.							
	BENGAL.		MADRAS.		BOMBAY.		INDIA.	
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Hæmorrhage into the brain	1	1	...	...	...	...	1	1
Inflammation of the membranes of the brain and spinal cord	1	1	...	...	...	...	1	1
Inflammation of the brain and its membranes	2	2	...	...	...	...	2	2
,, of the cerebral membranes	3	2	...	...	2	2	5	4
Pachymeningitis	1	1	...	...	...	...	1	1
Myelitis	2	1	...	...	1	...	3	1
Neuritis	3	...	1	...	5	...	9	...
Abscess of the brain	1	1	...	...	1	1	2	2
Sclerosis, not defined	1	1	3	...	...	...	4	1
,, insular	...	...	...	...	5	...	5	...
,, of the lateral columns	1	...	...	...	3	...	4	...
,, of the posterior ,,	1	...	...	...	1	...	2	...
Apoplexy	2	1	1	1	...	...	3	2
Paralysis	1	...	2	...	4	...	7	...
Hemiplegia	5	1	6	...	3	...	14	1
Paraplegia	1	1	1	...	4	...	6	1
Local paralysis	11	...	3	...	4	...	18	...
,, anæsthesia	2	...	1	...	1	...	4	...
Spasm of muscle	1	...	2	...	...	...	3	...
Histrionic spasm	1	...	...	...	...	...	1	...
Wry-neck	2	...	...	...	...	...	2	...
Neuralgia	136	...	55	...	52	...	243	...
Vertigo	14	...	2	...	9	...	25	...
Megrim	8	...	4	...	3	...	15	...
Tetanus	1	1	...	...	1	1	2	2
Epilepsy	37	...	5	...	17	...	59	...
Chorea	...	...	2	...	...	...	2	...
Hysteria	1	...	2	...	1	...	4	...
Hystero-epilepsy	3	...	...	...	1	...	4	...
Somnambulism	1	...	2	...	2	...	5	...
Hypochondriasis	1	...	...	...	1	...	2	...
Insanity	3	...	3	..	1	...	7	...
Mania	12	...	4	...	3	...	19	...
Melancholia	21	...	4	...	14	...	39	...
Dementia	21	1	6	...	5	...	32	1
Epileptic insanity	2	...	...	...	...	...	2	...
Toxic insanity from alcohol	1	...	...	...	...	...	1	...
Consecutive insanity	1	...	...	...	1	...	2	...
Ecchymosis	1	...	...	...	...	...	1	...
Conjunctivitis	310	...	110	...	94	...	514	...
,, granular	12	...	...	...	3	...	15	...
Keratitis	14	...	1	...	7	...	22	...
Ulcer of the cornea	27	...	2	...	8	...	37	...
Opacity ,,	10	...	...	...	1	...	11	...
Sclerotitis	2	...	1	...	...	...	3	...
Iritis	11	...	2	...	21	...	34	...
Mydriasis	1	...	1	...	...	...	2	...
Choroiditis	...	...	1	...	...	...	1	...
Congestion of optic disc	1	...	...	...	...	...	1	...
Inflammation of optic nerve	2	...	...	...	3	...	5	...
Retinitis	5	...	1	...	...	...	6	...
Cataract, lenticular	1	...	...	...	1	...	2	...
Dislocation of lens	...	...	...	...	1	...	1	...
Shrunken eyeball	...	...	1	...	...	...	1	...
Ametropia	...	...	1	...	...	...	1	...
Myopia	9	...	6	...	3	...	18	...
Hypermetropia	4	...	2	...	1	...	7	...
Astigmatism	4	...	3	...	...	...	7	...
Asthenopia	1	...	...	...	...	...	1	...
Night-blindness	4	...	...	...	...	...	4	...
Day-blindness	3	...	...	...	1	...	4	...
Diplopia	1	...	...	...	...	...	1	...
Amaurosis	1	...	1	...	...	...	2	...
Sympathetic irritation of eye	1	...	...	...	1	...	2	...
Dacryocystitis	3	...	5	...	1	...	9	...
Abscess of lacrymal sac	3	...	...	...	...	...	3	...
Fistula ,, ,,	...	...	...	...	1	...	1	...
Hæmatoma of eyelids	6	...	2	...	2	...	10	...
Blepharitis	12	...	5	...	...	...	17	...
Stye	5	...	1	...	2	...	8	...
Abscess of the eyelids	2	...	...	...	1	...	3	...
Trichiasis	1	...	...	...	...	...	1	...
Entropion	1	...	1	...	...	...	2	...
Ptosis, paralytic	1	...	...	...	...	...	1	...
Inflammation of the external meatus	613	...	128	...	96	...	837	...
Abscess ,, ,,	9	...	5	...	16	...	30	...
Sebaceous cyst ,, ,,	...	...	1	...	...	...	1	...
Accumulation of wax in external meatus	3	...	...	...	...	...	3	...
Inflammation of the middle ear	19	...	...	...	...	...	19	...
,, of the tympanum	4	...	...	...	...	...	4	...
,, ,, membrana tympani	40	...	...	...	22	...	62	...
Suppurative inflammation within the mastoid cells	...	...	...	...	1	1	1	1
Ulceration of the membrana tympani	2	...	...	...	2	...	4	...
Perforation ,, ,,	40	...	9	...	15	...	64	...
Tinnitus	1	...	...	...	...	...	1	...
Deafness	23	...	...	...	7	...	30	...
Hypertrophy of mucous membrane of the nose	2	...	...	...	...	...	2	...
Epistaxis	11	...	1	...	4	...	16	...
Nasal catarrh	7	...	...	...	...	...	7	...
Abscess of the nose	2	...	...	...	...	...	2	...

XXXIII—*continued.*

DETAIL of the CAUSES of ADMISSION and DEATH of the EUROPEAN ARMY of INDIA.

CAUSES OF ADMISSION AND DEATH.	EUROPEAN ARMY.							
	BENGAL.		MADRAS.		BOMBAY.		INDIA.	
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Ozæna	6	...	...	...	5	...	11	...
Necrosis of nasal bones	1	...	...	...	...	...	1	...
Sebaceous cyst of the nose	1	...	...	...	...	...	1	...
Peri-and endo-carditis	1	...	...	...	...	...	1	...
Pericarditis	3	1	1	...	1	1	5	2
Endocarditis	...	...	...	...	1	1	1	1
Valvular disease of the heart	75	7	15	1	68	5	158	13
Hypertrophy ,,	1	...	1	...	1	...	3	...
Fatty degeneration ,,	4	2	2	2	2	2	8	6
Excessive growth of fat on the heart	1	1	...	...	...	...	1	1
Dilatation of the heart	5	...	11	...	8	...	24	...
Angina pectoris	1	...	...	...	1	...	2	...
Syncope	...	2	...	...	...	2	...	4
Palpitation	229	...	22	...	72	...	323	...
Dilatation of arteries	1	...	...	...	...	...	1	...
Aneurysms ,,	5	...	3	3	6	1	14	4
Aneurysm of the aorta bursting into pericardium	1	1	...	...	...	...	1	1
Traumatic aneurysm	1	...	...	...	...	...	1	...
Rupture of artery	...	...	...	...	...	1	...	1
Thrombosis	7	...	...	...	...	...	7	...
Phlebitis	8	...	1	...	4	...	13	...
Phlegmasia dolens	20	...	...	...	3	...	23	...
Varix	33	...	6	...	7	...	46	...
Obstruction of veins	2	...	...	...	...	...	2	...
Thrombosis ,,	4	...	1	...	2	...	7	...
Laryngitis	30	2	3	...	7	...	40	2
Abscess of the larynx	...	...	1	...	...	...	1	...
Aphonia	2	...	...	...	...	...	2	...
Neuralgia of the larynx	...	...	...	...	1	...	1	...
Bronchitis and bronchial catarrh	1,295	2	293	...	310	...	1,898	2
Dilatation of bronchi	...	...	1	...	...	...	1	...
Spasmodic asthma	11	...	4	...	13	...	28	...
Passive congestion of the lungs	1	...	...	...	...	...	1	...
Hæmoptysis	7	...	1	...	2	...	10	...
Pneumonia	197	44	32	5	34	4	263	53
Abscess of the lungs	2	2	...	...	...	...	2	2
Gangrene ,, ,,	...	...	1	1	...	...	1	1
Cirrhosis ,, ,,	1	...	...	...	...	...	1	...
Acute pneumonic phthisis	1	...	...	...	...	...	1	...
Chronic ,, ,,	15	1	4	...	6	1	25	2
Emphysema	...	...	...	...	3	...	3	...
Pleurisy	69	4	16	...	15	1	100	5
Empyema	5	2	1	...	...	...	6	2
Adhesion of pleura	...	...	...	...	1	...	1	...
Ulcer of the lip	2	...	...	...	...	...	2	...
Fissure ,, ,,	...	...	3	...	...	...	3	...
Stomatitis	16	...	2	...	3	...	21	...
Ulcerative stomatitis	5	...	2	...	1	...	8	...
Vesicular ,,	1	...	...	...	...	...	1	...
Noma	1	1	...	...	...	...	1	1
Cyst of the mouth	1	...	...	...	...	...	1	...
Ranula	3	...	1	...	...	...	4	...
Abscess of the antrum	2	...	...	...	...	...	2	...
Cyst ,, ,,	1	...	...	...	...	...	1	...
Inflammation of the dental pulp	...	...	1	...	...	...	1	...
Caries of dentine	2	...	1	...	2	...	5	...
Inflammation of the dental periosteum	86	...	35	...	11	...	132	...
Abscess ,, ,,	170	...	48	...	50	...	268	...
Inflammation of gums and alveoli	2	...	...	...	1	...	3	...
Ulceration ,, ,,	57	...	4	...	7	...	68	...
Caries of alveoli	1	...	...	...	...	...	1	...
Necrosis ,,	3	...	1	...	2	...	6	...
Inflammation of the tongue	1	...	...	...	1	...	2	...
Hypertrophy of tonsils	7	...	3	...	2	...	12	...
Sorethroat	1,151	...	163	...	213	...	1,527	...
Quinsy	227	...	47	...	73	...	347	...
Follicular tonsillitis	340	...	94	...	67	...	501	...
Ulceration of the fauces	11	...	5	...	1	...	17	...
Inflammation of the salivary glands	5	...	2	...	2	...	9	...
Abscess ,, ,,	...	...	1	...	...	...	1	...
Salivary fistula	1	...	...	...	...	...	1	...
Follicular inflammation of the pharynx	...	...	1	...	...	...	1	...
Post-pharyngeal abscess	1	...	...	...	...	...	1	...
Ulceration of the pharynx	...	...	...	...	1	...	1	...
Hæmorrhage from the stomach	2	...	1	...	1	...	4	...
Inflammation of the ,,	16	3	90	...	3	1	109	4
Ulceration ,, ,,	3	...	1	...	1	...	5	...
Dilatation ,, ,,	...	...	1	...	...	...	1	...
Dyspepsia	651	...	17	...	159	...	827	...
Hæmorrhage from the intestines, including melæna	14	1	...	...	15	2	29	3
Inflammation of the intestines	3	1	201	1	3	...	207	2
Enteritis	3	3	16	2	...	...	19	5
Typhlitis	18	1	8	...	7	...	33	1
Colitis	2	1	...	...	1	...	3	1
Abscess in the sub-peritoneal tissue, including suppurative perityphlitis	1	...	...	...	1	1	2	1
Obstruction of the intestines	...	...	...	...	3	1	3	1
Volvulus	1	1	...	...	...	...	1	1
Internal strangulation of the intestines	1	1	...	...	...	...	1	1
Hernia	55	...	22	...	11	...	88	...
Perforation of the intestines	1	1	...	...	1	1	2	2

CAUSES OF ADMISSION AND DEATH.	EUROPEAN ARMY.							
	Bengal.		Madras.		Bombay.		India.	
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Diarrhœa	1,159	2	48	...	293	1	1,500	3
Constipation	15	...	3	...	3	...	21	...
Colic	169	...	6	...	37	...	212	...
Abscess of the rectum and anus	23	...	2	...	6	...	31	...
Ulceration ,, ,,	3	...	1	...	3	...	7	...
Piles	247	1	46	...	64	...	357	1
Prolapsus of the rectum and anus	5	...	1	...	1	...	7	...
Fistula in ano	26	...	7	...	7	...	40	...
Fissure of the anus	13	...	...	...	2	...	15	...
Congestion of the liver	332	...	262	...	62	...	656	...
Acute yellow atrophy of the liver	1	1	...	...	...	...	1	1
Hepatitis	282	3	95	...	138	...	515	3
Perihepatitis	3	...	...	...	1	...	4	...
Cirrhosis of the liver	4	...	2	1	7	1	13	2
Abscess ,, ,,	35	21	16	8	40	21	91	50
,, ,, ,, associated with dysentery	34	30	7	5	1	...	42	35
Jaundice	269	...	2	...	87	...	358	...
Inflammation of the hepatic ducts and gall-bladder	2	...	32	...	6	...	40	...
Perforation of the hepatic ducts	1	1	...	...	...	...	1	1
Gallstones	1	...	...	...	...	...	1	...
Biliary colic	1	...	...	...	...	...	1	...
Peritonitis	8	5	3	3	1	...	12	8
Induration and enlargement of the spleen from ague	49	...	2	...	11	...	62	...
Congestion of the spleen	10	...	...	...	2	...	12	...
Splenitis	32	1	3	...	17	...	52	1
Hypertrophy of lymph-glands	13	...	...	...	1	...	14	...
Inflammation of lymph-vessels	6	...	3	...	3	...	12	...
Suppuration ,, ,,	...	...	1	...	...	...	1	...
Inflammation of lymph-glands	898	...	397	...	291	...	1,586	...
Suppuration ,, ,,	181	...	38	...	22	...	241	...
Lymphadenoma	1	...	...	...	1	1	2	1
Goitre	5	...	1	..	...	...	6	...
Passive congestion of the kidney	1	...	...	...	...	...	1	...
Acute nephritis	22	3	6	...	7	2	35	5
Bright's disease	1	...	4	2	12	1	17	3
Chronic nephritis	17	5	...	...	...	...	17	5
Granular kidney	2	...	1	1	...	...	3	1
Pyelitis	2	...	...	...	...	...	2	...
Abscess of kidney	...	1	1	1	2	...	3	2
Pyonephrosis	1	...	...	...	...	...	1	...
Cystic disease of kidney	1	1	...	...	...	...	1	1
Calculus in kidney	1	...	2	...	...	...	3	...
,, in pelvis	1	...	...	...	...	...	1	...
,, in ureter	1	...	...	...	...	...	1	...
Diabetes insipidus	2	...	...	...	1	...	3	...
Suppression of urine	1	1	...	...	...	...	1	1
Hæmaturia	2	...	...	...	2	...	4	...
Intermittent hæmaturia	1	...	...	...	...	...	1	...
Albuminuria	4	...	...	...	...	...	4	...
Inflammation of the bladder	15	...	8	...	6	...	29	...
Calculus (584)	1	...	...	...	...	...	1	...
Retention of urine	1	...	...	...	...	...	1	...
Incontinence of urine	15	...	4	...	3	...	22	...
Urethritis	...	...	1	...	1	...	2	...
Stricture of urethra	45	...	6	...	8	...	59	...
Urinary fistula	3	...	...	...	...	...	3	...
Hypertrophy of the prostate gland	1	...	...	...	...	...	1	...
Œdema of the penis	4	...	...	...	1	...	5	...
Inflammation of the glans penis	106	...	28	...	21	...	155	...
Abscess of the penis	...	...	...	...	1	...	1	...
Ulcer ,, ,,	3,437	...	689	...	1,211	...	5,337	...
Gangrene,, ,,	...	...	...	...	1	1	1	1
Phimosis	10	...	3	...	1	...	14	...
Paraphimosis	6	...	2	...	1	...	9	...
Œdema of the scrotum	2	...	...	...	...	...	2	...
Abscess ,, ,,	5	...	...	...	4	...	9	...
Hydrocele of the spermatic cord	...	...	1	...	...	...	1	...
Inflammation ,, ,, ,,	...	...	1	...	2	...	3	...
Abscess ,, ,, ,,	1	...	...	...	...	...	1	...
Varicocele	16	...	12	...	8	...	36	...
Hæmatocele	2	...	...	...	...	...	2	...
Hydrocele of the tunica vaginalis	25	...	4	...	13	...	42	...
Orchitis	290	...	100	...	90	...	480	...
Epididymitis	3	...	3	...	2	...	8	...
Abscess of the testicle	2	...	...	...	1	...	3	...
Spermatorrhœa	2	...	...	...	...	...	2	...
Inflammation of the breast	1	...	2	...	...	...	3	...
Cyst ,, ,,	1	...	...	...	...	...	1	...
Ostitis	2	...	...	...	...	...	2	...
Periostitis	7	...	4	...	5	...	16	...
,, circumscribed	16	...	...	...	1	...	17	...
,, diffuse	6	...	...	...	...	...	6	...
Caries	4	1	3	1	...	...	7	2
Necrosis	1	...	3	...	1	...	5	...
Cyst of bone	1	...	...	...	...	...	1	...
Inflammation of hip-joint	...	...	...	...	2	...	2	...
Synovitis	277	...	78	...	82	...	437	...
Abscess of joints	1	...	...	...	...	...	1	...
Ankylosis	10	...	1	...	2	...	13	...
Deformity from ankylosis	7	...	...	...	...	...	7	...

XXXIII—*continued.*

DETAIL of the CAUSES of ADMISSION and DEATH of the EUROPEAN ARMY of INDIA.

CAUSES OF ADMISSION AND DEATH.	EUROPEAN ARMY.							
	BENGAL.		MADRAS.		BOMBAY.		INDIA.	
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Degeneration of cartilage and of the articular surfaces of bones (metacarpal)	1	...	...	...	...	...	1	...
Loose cartilage	1	...	...	...	1	...	2	...
Dislocation of articular cartilage	...	...	1	...	1	...	2	...
Caries of the spine	...	1	...	...	1	...	1	1
Lateral curvature of the spine	...	...	...	...	1	...	1	...
Hypertrophy of muscles	2	...	...	...	...	...	2	...
Atrophy ,,	4	...	...	...	...	...	4	...
Inflammation ,,	...	...	...	...	2	...	2	...
Cyst of muscle	1	...	...	...	...	...	1	...
Inflammation of tendons and fasciæ	...	...	1	...	1	...	2	...
Adhesion of tendons	...	...	...	...	2	...	2	...
Contraction of tendons and fasciæ	6	...	3	...	3	...	12	...
Flat-foot	12	...	3	...	...	...	15	...
Inflamed bursa	17	...	5	...	8	...	30	...
Bursal abscess	2	...	3	...	...	...	5	...
Thecal ,,	10	...	2	...	...	...	12	...
Bunion	2	...	1	...	4	...	7	...
Ganglion	2	...	...	...	2	...	4	...
Bursal tumour	4	...	2	...	...	...	6	...
Œdema of the connective tissue	8	...	2	...	3	...	13	...
Inflammation ,, ,,	389	...	85	...	56	...	530	...
Abscess ,, ,,	689	...	271	...	212	...	1,172	...
Undue formation of fat	2	...	1	...	...	...	3	...
Erythema	7	...	4	...	11	...	22	...
Roseola	2	...	...	...	1	...	3	...
Urticaria	29	...	10	...	7	...	46	...
Eczema	296	...	85	...	80	...	461	...
Intertrigo	7	...	...	...	2	...	9	...
Impetigo	17	...	3	...	1	...	21	...
Ecthyma	2	...	1	...	2	...	5	...
Pityriasis	2	...	...	...	...	...	2	...
Prurigo	1	...	...	...	...	...	1	...
Lichen	26	...	1	...	9	...	36	...
Psoriasis	20	...	5	...	8	...	33	...
Miliaria	1	...	1	...	...	...	2	...
Herpes	28	...	8	...	11	...	47	...
Zona	16	...	8	...	5	...	29	...
Pemphigus	10	...	3	...	...	...	13	...
Acne	5	...	4	...	4	...	13	...
Sycosis	6	...	4	...	4	...	14	...
Chloasma	1	...	...	...	2	...	3	...
Alopecia	2	...	2	...	1	...	5	...
Ulcer	588	...	183	...	188	...	959	...
Boil	1,258	...	324	...	212	...	1,794	...
Carbuncle	15	...	7	...	1	...	23	...
Gangrene	1	1	...	...	1	...	2	1
Whitlow, including Onychia	459	...	101	...	85	...	645	...
Corn	25	...	5	...	3	...	33	...
Lupus	10	...	1	...	2	...	13	...
Wen	28	...	4	...	8	...	40	...
Molluscum contagiosum	1	...	...	...	...	...	1	...
Delhi boil	7	...	...	...	2	...	9	...
Hyperidrosis	9	...	6	...	3	...	18	...
Ringworm	165	...	40	...	75	...	280	...
Favus	1	...	...	...	...	...	1	...
Tinea versicolor	6	...	3	...	...	...	9	...
Itch	132	...	28	...	23	...	183	...
Phthiriasis	6	...	...	...	2	...	8	...
Phthirius inguinalis	4	...	...	...	1	...	5	...
Accidental :—								
Poison :—								
Oxalic acid	...	...	...	...	1	...	1	...
Alcohol	4	1	1	1	...	...	5	2
Carbolic acid	1	...	...	...	...	...	1	...
Poisonous fungi	...	...	3	...	...	...	3	...
,, fish	2	...	...	...	1	1	3	1
,, meat	1	1	...	...	...	...	1	1
Chloroform vapour	1	1	1	1	...	...	2	2
Poisoned wound :—								
By venomous animal, not defined	1	...	...	...	...	...	1	...
,, scorpions	...	...	...	...	1	...	1	...
,, stinging insects	6	...	2	...	1	...	9	...
,, fish	...	...	...	...	5	...	5	...
,, cat	...	...	...	...	1	...	1	...
,, dog	5	...	1	...	...	...	6	...
,, rabid dog	...	...	...	...	1	...	1	...
,, ,, horse	...	...	...	...	1	...	1	...
,, panther	1	1	...	...	...	...	1	1
,, animal venom	4	...	...	...	...	...	4	...
Burns and scalds	29	...	6	...	13	...	48	...
Effects of heat	...	...	2	...	4	...	6	...
,, of climate	...	...	2	...	...	...	2	...
,, of chemical agents	...	...	...	...	1	...	1	...
,, ,, irritants	...	...	...	...	1	...	1	...
Sunstroke	10	1	6	2	5	...	21	3
Heat-apoplexy	137	37	23	5	16	10	176	52
Multiple injury	5	2	3	1	3	2	11	5
Drowning	...	14	...	4	...	7	...	25
Asphyxia from plugging of the air passages with foreign substances	1	1	...	1	...	2	1	4

CAUSES OF ADMISSION AND DEATH.	EUROPEAN ARMY.							
	BENGAL.		MADRAS.		BOMBAY.		INDIA.	
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Shock	2	1	...	...	...	...	2	1
Abrasions	411	...	143	...	84	...	638	...
Contusions	1,052	...	353	1	319	...	1,724	1
Wounds	1,234	...	415	...	387	...	2,036	...
,, gunshot	37	4	3	...	6	1	46	5
Sprains and strains	1,041	...	393	...	262	...	1,696	...
Dislocations of spine	1	1	...	...	...	...	1	1
,, ,, without fracture	1	1	...	...	...	...	1	1
,, of other bones	54	...	16	...	17	...	87	...
Rupture of tendons and muscles	8	...	2	...	3	...	13	...
,, of spleen	...	...	1	1	...	...	1	1
,, and laceration of spleen	1	1	...	...	1	1	2	2
Fracture of the skull	6	5	...	1	...	...	6	6
,, of other bones	212	1	81	3	55	1	348	5
Simple fracture of spine with compression of cord	2	2	...	...	...	...	2	2
Foreign bodies in the tissues and organs	7	...	...	...	3	...	10	...
Concussion of the brain	15	1	2	...	8	1	25	2
Compression ,, ,,	...	...	...	...	1	1	1	1
Laceration ,, ,, without fracture	1	1	...	...	1	1	2	2
Cephalhæmatoma beneath scalp	1	...	...	...	...	...	1	...
Compression of brachial plexus and branches	...	...	...	...	1	...	1	...
Contusion of eye with hæmorrhage into the globe	3	...	...	...	...	...	3	...
,, ,, with rupture of the sclerotic	5	...	...	...	...	...	5	...
Wounds and injuries of the parts within the orbit	1	...	...	...	...	...	1	...
Chemical injuries of the eye-lids and eye	1	...	...	...	...	...	1	...
Injuries of the alveoli and teeth	1	...	...	...	...	...	1	...
Dislocation of foot with fracture of the fibula	4	...	...	...	...	...	4	...
Concussion of cord	3	...	1	...	3	...	7	...
Contusion of abdomen with rupture of viscera	1	1	...	...	...	...	1	1
Wound of parietes of the abdomen with protrusion of wounded viscera	1	...	...	...	...	...	1	...
Diffused hæmatocele of cord	1	...	...	...	...	...	1	...
Homicidal:—								
Wound, gunshot	2	4	...	...	3	3	5	7
Suicidal:—								
Multiple injury (lying down in front of a train)	...	...	...	...	...	1	...	1
Hanging	...	3	...	...	...	...	...	3
Wound, gunshot	...	5	1	5	...	...	1	10
Cut-throat	...	1	1	...	...	3	1	4
Judicial:—								
Hanging	...	1	...	...	...	2	...	3
In action	...	...	4	...	...	...	4	...
No appreciable disease	90	...	51	...	22	...	163	...

WOMEN AND CHILDREN OF EUROPEAN REGIMENTS, 1894.

I.

TABLE showing the SICKNESS and MORTALITY among the WOMEN of the EUROPEAN REGIMENTS of the ARMY of INDIA during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																			
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-Stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Anæmia and Debility.	Child-birth and Abortion.	All other Causes.
January	3,110	103	33·1	3	10·67	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1
February	3,158	110	34·8	1	4·13	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
March	3,154	114	36·1	7	28·93	...	...	1	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	1	3
April	3,184	121	38·0	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
May	3,181	139	43·7	4	13·11	...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	...	...	...	1
June	3,193	142	44·5	6	24·50	...	...	1	...	2	...	...	1	...	1	1	...	...	...	...	...	...	...	...	...
July	3,201	141	44·0	2	6·52	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
August	3,149	155	49·2	8	33·12	3	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	...	...	1	1
September	3,145	163	51·8	6	24·87	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	1	...	...	1	2
October	3,154	140	44·4	4	13·23	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	1	...	...
November	3,088	137	44·4	2	8·44	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
December	3,118	91	29·2	3	11·33	...	...	...	...	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...
						3	...	3	...	5	...	...	*2	1	*2	6	2	1	1	1	2	...	1	*6	*10
						Died per 1,000 of the Average Strength.																			
For the Year	3,157	129	41·1	46	14·57	·95	...	·95	...	1·58	...	...	·63	·32	·63	1·90	·63	·32	·32	·32	·63	...	·32	1·90	3·17
						Composition of 100 Deaths.																			
						6·5	...	6·5	...	10·9	...	...	4·3	2·2	4·3	13·0	4·3	2·2	2·2	2·2	4·3	...	2·2	13·0	21·7

* One out of hospital.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	...	2	4	4	2	1	...	1	2	3	...	...	19	6·0	·65	...
Cholera	...	...	...	...	...	...	1	4	...	...	...	...	5	1·6	·17	60·00
Small-pox	...	...	...	1	...	...	...	...	...	...	...	...	1	·3	·03	...
Enteric Fever	1	...	1	...	1	1	1	3	...	1	1	...	10	3·2	·34	27·27
Intermittent Fever	23	26	34	39	64	43	64	59	64	87	66	40	609	192·9	20·81	...
Remittent Fever	1	...	1	4	7	2	1	1	8	2	...	2	29	9·2	·99	17·24
Simple Continued Fever	2	1	4	4	3	2	8	5	4	1	1	2	37	11·7	1·26	...
Other Fevers	3	1	1	1	2	1	2	...	...	...	1	...	12	3·8	·41	...
Heat-Stroke	...	...	...	1	...	1	...	...	...	...	...	...	2	·6	·07	50·00
Nervous Diseases	2	4	9	8	17	5	3	4	5	8	9	7	†81	25·7	2·77	1·20
Circulatory Diseases	3	3	...	1	...	2	1	...	1	2	4	1	18	5·7	·62	5·26
Tubercle of the lungs	...	...	1	2	2	1	3	...	4	3	1	1	‡18	5·7	·62	31·58
Pneumonia	...	...	...	1	...	...	...	1	1	...	...	1	4	1·3	·14	33·33
Other Respiratory Diseases	16	9	14	9	6	7	8	6	11	5	10	7	108	34·2	3·69	·90
Tonsillitis and Sorethroat	5	2	7	7	1	7	10	3	4	3	1	2	52	16·5	1·78	...
Dysentery	1	4	2	4	6	5	10	4	8	3	2	...	49	15·5	1·67	1·92
Diarrhœa	6	2	2	8	5	5	6	7	9	6	7	1	64	20·3	2·19	1·47
Hepatic Abscess	...	...	...	...	1	...	1	...	...	...	1	...	3	1·0	·10	66·67
Congestion and Inflammation	1	1	...	4	2	8	5	6	2	3	3	...	35	11·1	1·20	...
Spleen Diseases	...	...	...	...	...	...	...	1	...	...	...	...	1	·3	·03	...
Anæmia and Debility	75	98	72	75	116	69	96	84	76	105	68	69	1,003	317·7	34·28	·10
Acute and Chronic Rheumatism	6	3	4	2	6	1	2	6	3	1	2	2	§38	12·0	1·30	...
Eye Diseases	2	...	...	4	6	3	11	13	...	9	6	2	56	17·7	1·91	...
Abortion and Puerperal Affections	12	4	9	9	12	8	9	14	5	11	4	4	101	32·0	3·45	4·76
Other Diseases peculiar to women	16	14	5	18	28	15	30	26	26	23	23	9	233	73·8	7·96	
Entozoa	1	...	...	...	...	3	...	...	...	...	...	1	5	1·6	·17	
Diseases of the Integuments	5	1	5	3	4	10	5	7	6	9	5	...	60	19·0	2·05	
All other Causes	19	13	28	28	31	19	36	23	16	23	20	17	273	86·5	9·33	
	200	188	203	237	322	219	313	278	255	308	235	168	2,926			1·39
	Admitted per 1,000 per annum.															
	711·3	776·0	839·0	970·3	1055·6	894·1	1019·7	1150·8	1057·0	1018·4	992·0	634·4	926·8			

* Excluding deaths out of hospital. † Neuralgia 62 = 19·6. ‡ Phthisis pulmonalis 20 = 6·3. § Rheumatic fever 3 = 1·0.

WOMEN AND CHILDREN OF EUROPEAN REGIMENTS, 1894.

II.

TABLE showing the SICKNESS and MORTALITY among the CHILDREN of the EUROPEAN REGIMENTS of the ARMY of INDIA during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																					
						Cholera.	Small-pox.	Measles.	Whooping Cough.	Diphtheria and Croup.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-Stroke.	Tubercle of meninges and brain.	Tubercle of the lungs.	Tubercle of abdominal organs.	Convulsions.	Pneumonia.	Other Respiratory Diseases.	Teething.	Dysentery.	Diarrhœa.	Anæmia, Debility, and Immaturity.	All other Causes.
January	5,645	128	22·7	21	41·15	...	...	...	...	...	...	...	1	...	...	...	1	...	...	5	...	7	1	...	...	2	4
February	5,709	153	26·8	9	20·55	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	3	4
March	5,727	202	35·3	16	36·42	...	...	3	...	...	...	...	...	...	...	...	...	...	1	2	...	3	1	...	2	2	2
April	5,706	192	33·6	28	63·97	...	...	1	...	...	1	1	2	...	...	...	...	...	1	7	2	2	1	...	...	2	8
May	5,635	199	35·3	42	77·73	...	...	3	...	...	...	1	1	1	...	1	1	...	1	5	4	1	1	...	7	7	8
June	5,693	203	35·7	15	34·35	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...	3	1	4	...	4
July	5,708	199	34·9	33	60·29	...	...	...	...	1	...	...	2	...	...	1	...	...	1	3	...	1	5	1	8	5	5
August	5,746	236	41·1	23	52·18	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	...	...	6	1	7	1	5
September	5,754	220	38·2	19	43·04	...	...	...	...	...	...	...	1	1	...	...	...	...	...	3	...	2	4	...	3	2	3
October	5,689	168	29·5	23	42·16	...	...	...	...	1	1	...	...	...	...	...	...	...	...	4	...	3	...	2	1	8	3
November	5,573	179	32·1	13	30·41	...	...	...	...	...	1	2	...	...	...	...	...	...	1	3	...	3	...	1	...	1	1
December	5,562	144	25·9	13	27·52	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	1	3	1	1	1	2	2
						...	...	8	1	*2	4	†5	8	2	...	2	2	...	5	‡36	7	‡26	§23	7	‖33	¶35	49**
						Died per 1,000 of the Average Strength.																					
For the Year	5,680	189	32·6	255	44·89	...	...	1·41	·18	·35	·70	·88	1·41	·35	...	·35	·35	...	·88	6·34	1·23	4·58	4·05	1·23	5·81	6·16	8·63
						Composition of 100 Deaths.																					
						...	...	3·1	·4	·8	1·6	2·0	3·1	·8	...	·8	·8	...	2·0	14·1	2·7	10·2	9·0	2·7	12·9	13·7	19·2

* One croup. † One malarial cachexia. ‡ Two out of hospital. § Three out of hospital, two with diarrhœa and three with convulsions. ‖ One out of hospital. ¶ Three out of hospital and sixteen immaturity at birth. ** Three out of hospital, one influenza, one quinsy, and one sloughing sorethroat.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	1	8	5	11	3	2	2	...	...	10	8	...	50	8·8	1·20	1·96
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	1	...	...	...	...	...	1	·2	·02	...
Measles	6	35	31	12	30	25	20	4	24	20	12	54	273	48·1	6·56	2·82
Whooping Cough	8	4	1	7	4	4	6	3	3	1	3	...	44	7·7	1·06	2·04
Diphtheria and Croup	2	1	1	1	...	...	1	1	...	1	...	...	8	1·4	·19	25·00
Enteric Fever	...	...	2	2	4	...	...	...	1	3	...	...	12	2·1	·29	30·77
Intermittent Fever	32	39	65	48	85	35	49	54	83	96	82	57	725	127·6	17·43	·67
Remittent Fever	3	3	1	4	5	7	6	7	3	2	1	...	42	7·4	1·01	19·05
Simple Continued Fever	12	7	16	21	30	21	18	12	20	22	16	3	198	34·9	4·76	1·00
Other Fevers	15	3	11	11	11	2	3	4	...	4	1	6	71	12·5	1·71	...
Heat-Stroke	...	...	...	...	1	...	1	...	...	...	...	...	2	·4	·05	1·00
Tuberculous Diseases	2	1	2	...	3	2	2	2	...	...	1	...	15	2·6	·36	43·75
Convulsions	6	1	1	7	9	2	7	1	5	5	5	4	53	9·3	1·27	64·15
Eye Diseases	7	13	10	20	63	31	99	107	48	25	5	7	435	76·6	10·46	...
Pneumonia	1	2	4	4	4	...	...	...	4	2	2	2	25	4·4	·60	26·92
Other Respiratory Diseases	66	56	73	51	30	25	41	34	44	62	73	29	584	102·8	14·04	3·96
Teething	16	9	17	24	31	26	41	34	14	15	10	10	247	43·5	5·94	7·97
Tonsillitis and Sorethroat	5	9	6	6	5	3	9	5	5	10	5	2	70	12·3	1·68	2·86
Dysentery	5	7	6	5	11	6	12	10	4	7	4	5	82	14·4	1·97	8·43
Diarrhœa	5	12	12	21	37	8	40	38	17	20	18	11	239	42·1	5·73	13·06
Hepatic Abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Congestion and Inflammation	...	1	...	1	...	1	3	...	...	...	...	1	7	1·2	·17	...
Spleen Diseases	...	...	...	...	1	...	1	...	...	...	...	...	2	·4	·05	...
Anæmia, Debility, and Immaturity	21	23	20	41	39	24	25	22	28	27	21	12	303	53·3	7·29	9·79
Entozoa	3	6	4	13	5	7	4	2	5	1	4	7	61	10·7	1·47	
Diseases of the Integuments	17	15	12	12	23	23	24	14	17	11	12	5	185	32·6	4·45	
Injuries	10	8	12	12	8	9	4	5	9	8	6	12	103	18·1	2·48	
All other Causes	18	23	31	34	41	34	34	38	16	18	22	13	322	56·7	7·74	
	261	286	343	368	483	297	453	397	350	370	311	240	4,159			5·63
	Admitted per 1,000 per annum.															
	511·4	653·0	780·7	840·7	893·9	680·1	827·6	910·7	802·9	678·3	727·5	508·1	732·2			

* Excluding deaths out of hospital.

WOMEN AND CHILDREN OF EUROPEAN REGIMENTS, 1894.

III.

TABLE showing the SICKNESS and MORTALITY among the WOMEN of the EUROPEAN REGIMENTS of the BENGAL ARMY during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																			
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-Stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Anæmia and Debility.	Child-birth and Abortion.	All other Causes.
January	1,707	50	29·3	1	6·48	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
February	1,739	43	24·7	1	7·50	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
March	1,751	41	23·4	4	29·78	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2
April	1,776	47	26·5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
May	1,801	62	34·4	1	5·79	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
June	1,818	68	37·4	6	43·02	...	...	1	...	2	...	...	1	...	1	1	...	...	...	...	...	...	...	...	...
July	1,816	76	41·9	2	11·48	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
August	1,788	76	42·5	7	51·03	3	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	1	1
September	1,774	80	45·1	2	14·70	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
October	1,743	72	41·3	1	5·98	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
November	1,716	68	39·6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..
December	1,715	48	28·0	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
						3	...	2	...	4	...	...	1	...	2*	2	...	1	...	...	1	...	...	5*	4*
						Died per 1,000 of the Average Strength.																			
For the Year	1,765	62	34·6	25	14·16	1·70	...	1·13	...	2·27	...	...	·57	...	1·13	1·13	...	·57	...	...	·57	...	...	2·83	2·27
						Composition of 100 Deaths.																			
						12·0	...	8·0	...	16·0	...	...	4·0	...	8·0	8·0	...	4·0	...	...	4·0	...	...	20·0	16·0

* One out of hospital.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	...	2	1	3	1	...	...	...	2	...	...	...	9	5·1	·61	...
Cholera	...	...	...	...	...	...	1	4	...	...	...	...	5	2·8	·34	60·00
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	...	...	1	1	1	3	...	1	1	...	8	4·5	·55	22·22
Intermittent Fever	7	3	5	10	29	17	32	32	39	58	41	23	296	167·7	20·18	...
Remittent Fever	...	...	1	3	4	2	1	1	5	1	...	1	19	10·8	1·30	21·05
Simple Continued Fever	1	...	3	2	2	1	4	5	1	1	...	...	20	11·3	1·36	...
Other Fevers	...	1	...	...	1	...	2	...	...	...	1	...	5	2·8	·34	...
Heat-Stroke	...	...	...	1	...	1	...	...	...	...	...	...	2	1·1	·14	50·00
Nervous Diseases	2	2	6	...	7	1	2	...	3	2	2	3	†30	17·0	2·04	...
Circulatory Diseases	3	2	...	1	...	2	1	...	1	2	4	1	17	9·6	1·16	5·88
Turbercle of the lungs	...	...	...	2	1	1	1	...	2	2	...	...	‡9	5·1	·61	20·00
Pneumonia	...	...	...	1	...	...	...	...	...	...	...	1	2	1·1	·14	...
Other Respiratory Diseases	9	4	5	2	2	5	3	2	3	2	3	2	42	23·8	2·86	2·27
Tonsillitis and Sorethroat	4	1	3	3	1	4	3	1	1	1	...	2	24	13·6	1·64	...
Dysentery	1	...	...	3	3	3	5	2	6	1	2	...	26	14·7	1·77	...
Diarrhœa	5	2	1	6	4	4	6	7	1	4	5	...	45	25·5	3·07	...
Hepatic { Abscess	...	...	...	...	...	...	1	...	...	...	1	...	2	1·1	·14	50·00
Hepatic { Congestion and Inflammation	1	...	...	...	2	3	2	2	1	1	3	...	15	8·5	1·02	...
Spleen Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Anæmia and Debility	41	49	31	33	62	41	58	41	36	55	39	33	519	294·1	35·38	...
Acute and Chronic Rheumatism	3	1	2	1	1	...	2	1	3	...	...	1	§15	8·5	1·02	...
Eye Diseases	...	...	...	3	6	1	8	4	...	3	4	1	30	17·0	2·04	...
Abortion and Puerperal Affections	8	3	7	6	4	5	8	6	3	8	2	4	64	36·3	4·36	5·88
Other Diseases peculiar to women	7	9	2	12	14	6	13	13	11	9	6	5	107	60·6	7·29	
Entozoa	1	...	...	...	...	2	...	...	...	...	...	...	3	1·7	·20	
Diseases of the Integuments	...	1	...	2	1	8	3	3	3	4	1	...	26	14·7	1·77	
All other Causes	11	7	19	13	12	10	17	11	7	10	6	4	127	72·0	8·66	
	104	87	86	107	158	118	174	138	128	165	121	81	1,467			1·45
	Admitted per 1,000 per annum.															
	673·9	652·2	640·2	785·4	914·9	846·1	999·2	1006·1	940·6	987·2	919·2	556·1	831·2			

* Excluding deaths out of hospital. † Neuralgia 21 = 11·9. ‡ Phthisis pulmonalis 9 = 5·1. § Rheumatic fever 2 = 1·1.

WOMEN AND CHILDREN OF EUROPEAN REGIMENTS, 1894.

IV.

TABLE showing the SICKNESS and MORTALITY among the CHILDREN of the EUROPEAN REGIMENTS of the BENGAL ARMY during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death. Cholera.	Small-pox.	Measles.	Whooping Cough.	Diphtheria and Croup.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-Stroke.	Tubercle of meninges and brain.	Tubercle of the lungs.	Tubercle of abdominal organs.	Convulsions.	Pneumonia.	Other Respiratory Diseases.	Teething.	Dysentery.	Diarrhœa.	Anæmia, Debility, and Immaturity.	All other Causes.
January .	3,009	70	23·3	12	44·11	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	5	1	...	...	1	2
February .	3,088	57	18·5	3	12·66	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1
March .	3,075	57	18·5	6	25·44	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	...	2	...	1
April . .	3,069	77	25·1	16	67·96	...	...	...	...	...	1	...	2	...	...	...	...	...	1	3	1	2	1	...	...	...	5
May . .	3,061	106	34·6	25	85·17	...	...	1	...	...	...	1	...	1	...	1	1	...	1	1	2	...	1	...	6	4	5
June . .	3,121	101	32·4	11	45·94	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	1	4	...	3
July . .	3,122	97	31·0	22	73·49	...	...	...	...	1	...	...	2	...	...	1	...	...	1	2	...	1	3	...	4	4	3
August .	3,134	78	24·9	13	54·07	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	3	...	6	1	2
September.	3,130	74	23·6	13	54·14	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	2	2	...	3	2	1
October .	3,011	65	21·6	16	55·42	...	...	...	...	1	1	...	...	...	...	...	...	...	...	2	...	1	...	2	1	5	3
November .	2,950	83	28·1	9	39·77	...	...	...	...	...	1	1	...	...	...	...	...	...	1	2	...	2	...	1	...	...	1
December .	2,964	72	24·3	8	31·78	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	2	1	1	...	1	1
						...	...	1	1	2*	3	3†	5	1	...	2	2	...	5	16‡	4	18‡	13§	5	26‡	19‖	28¶
						Died per 1,000 of the Average Strength.																					
For the Year.	3,063	80	25·5	154	50·28	...	...	·33	·33	·65	·98	·98	1·63	·33	...	·65	·65	...	1·63	5·22	1·31	5·88	4·24	1·63	8·49	6·20	9·14
						Composition of 100 Deaths.																					
						...	...	·6	·6	1·3	1·9	1·9	3·2	·6	...	1·3	1·3	...	3·2	10·4	2·6	11·7	8·4	3·2	16·9	12·3	18·2

* One Croup. † One malarial cachexia. ‡ One out of hospital. § One out of hospital: two with diarrhœa and three with convulsions.
‖ Three out of hospital and eleven immaturity at birth. ¶ Three out of hospital, one influenza and one quinsy.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month. Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.	Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
Influenza . . .	1	8	2	11	2	1	1	...	...	...	...	...	26	8·5	1·37	3·70
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	6	22	7	5	22	22	19	4	23	19	12	37	198	64·6	10·42	·50
Whooping Cough . .	...	...	1	5	3	3	...	...	1	...	3	...	16	5·2	·84	6·25
Diphtheria and Croup .	...	...	1	1	...	...	1	...	...	1	...	...	4	1·3	·21	50·00
Enteric Fever . . .	...	...	1	2	1	...	...	...	1	3	...	...	8	2·6	·42	33·33
Intermittent Fever .	9	10	8	13	36	16	22	29	44	48	41	33	309	100·9	16·26	·93
Remittent Fever . .	...	2	...	3	1	7	5	5	3	1	1	...	28	9·1	1·47	17·86
Simple Continued Fever	7	...	8	8	14	8	5	3	3	9	12	1	78	25·5	4·11	1·25
Other Fevers . . .	4	2	1	3	7	...	3	...	...	1	1	6	28	9·1	1·47	...
Heat-Stroke . . .	...	...	...	...	1	...	1	...	...	...	...	...	2	·7	·11	100·00
Tuberculous Diseases .	2	...	2	...	2	2	2	1	...	...	1	...	12	3·9	·63	58·33
Convulsions . . .	1	...	...	3		2	5	...	3	3	3	...	23	7·5	1·21	65·22
Eye Diseases . . .	...	5	1	13	48	9	41	10	2	5	...	...	134	43·7	7·05	...
Pneumonia . . .	...	2	3	1	2	...	...	...	3	1	1	2	15	4·9	·79	25·00
Other Respiratory Diseases	43	21	21	24	16	5	18	7	15	21	33	10	234	76·4	12·32	6·91
Teething . .	2	3	7	10	18	17	13	12	10	3	2	4	101	33·0	5·32	11·54
Tonsillitis and Sorethroat .	3	3	3	5	4	...	4	1	4	4	5	1	37	12·1	1·95	2·70
Dysentery . .	1	3	4	3	7	4	6	6	2	3	1	4	44	14·4	2·32	11·36
Diarrhœa . .	3	8	9	20	35	6	32	28	9	7	12	3	172	56·2	9·05	14·29
Hepatic Abscess . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Congestion and Inflammation.	...	...	...	...	...	1	2	...	...	...	...	1	4	1·3	·21	...
Spleen Diseases . .	...	...	...	...	1	...	...	...	...	...	...	...	1	·3	·05	...
Anæmia, Debility, and Immaturity . . .	10	10	8	15	24	12	18	10	11	16	13	9	156	50·9	8·21	9·76
Entozoa	1	2	1	1	1	1	1	1	4	...	...	...	13	4·2	·68	
Diseases of the Integuments	7	5	6	6	7	16	12	9	6	7	2	3	86	28·1	4·53	
Injuries	5	5	7	5	5	5	3	1	3	6	2	4	51	16·7	2·68	
All other Causes . .	8	11	7	13	16	15	8	8	8	10	12	4	120	39·2	6·32	
	113	122	108	170	276	152	222	135	155	168	157	122	1,900			7·35
	Admitted per 1,000 per annum.															
	415·4	515·0	457·8	722·1	940·3	634·9	741·6	561·5	645·5	581·9	693·8	484·6	620·3			

* Excluding deaths out of hospital.

V.

TABLE showing the SICKNESS and MORTALITY among the WOMEN of the EUROPEAN REGIMENTS of the MADRAS ARMY during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death. Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-Stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Anæmia and Debility.	Child-birth and Abortion.	All other Causes.
January	755	31	41·1	1	14·65	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
February	747	43	57·6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
March	735	60	81·6	1	17·74	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
April	737	57	77·3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
May	750	60	80·0	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
June	754	55	72·9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
July	762	53	69·6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
August	738	57	77·2	1	17·66	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
September	750	64	85·3	1	17·38	...	...	...	..	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
October	718	52	72·4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
November	718	48	66·9	1	18·16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
December	728	32	44·0	2	32·35	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
						...	...	1	...	1	...	...	...	...	...	1	1	..	1	...	...	...	...	1	1
						Died per 1,000 of the Average Strength.																			
For the Year	741	50	68·8	7	9·45	...	...	1·35	...	1·35	...	...	...	...	...	1·35	1·35	...	1·35	...	...	...	...	1·35	1·35
						Composition of 100 Deaths.																			
						...	...	14·3	...	14·3	...	...	...	...	...	14·3	14·3	...	14·3	...	...	...	...	14·3	14·3

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month. Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.	Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.
Influenza	...	...	3	1	1	1	...	1	...	3	...	...	10	13·5	1·09	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	1	...	...	...	...	...	...	...	...	...	1	1·3	·11	100·00
Intermittent Fever	4	9	23	16	13	6	17	13	10	11	12	8	142	191·6	15·52	...
Remittent Fever	...	...	...	1	3	...	...	...	3	...	...	1	8	10·8	·87	12·50
Simple Continued Fever	...	...	1	...	1	...	3	...	2	...	...	1	8	10·8	·87	...
Other Fevers	...	...	...	1	1	1	...	...	...	...	...	...	3	4·0	·33	...
Heat-Stroke	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nervous Diseases	...	1	2	7	8	4	1	3	2	5	6	3	*42	56·7	4·59	...
Circulatory Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tubercle of the lungs	...	...	...	...	...	...	1	...	1	...	1	1	†4	5·4	·44	25·00
Pneumonia	...	...	...	...	...	...	...	1	...	...	...	...	1	1·3	·11	100·00
Other Respiratory Diseases	4	4	9	6	4	...	5	4	7	3	3	5	54	72·9	5·90	...
Tonsillitis and Sorethroat	1	1	3	3	...	3	6	2	...	2	...	...	21	28·3	2·30	...
Dysentery	...	2	1	1	2	2	5	2	2	...	...	...	17	22·9	1·86	5·26
Diarrhœa	...	...	...	1	...	...	...	...	3	2	1	1	8	10·8	·87	...
Hepatic Abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Congestion and Inflammation	...	...	...	3	...	5	1	3	1	1	...	...	14	18·9	1·53	...
Spleen Diseases	...	...	...	...	...	...	...	1	...	...	...	...	1	1·3	·11	...
Anæmia and Debility	15	31	30	29	34	16	24	19	28	24	12	18	280	377·9	30·60	...
Acute and Chronic Rheumatism	3	2	...	1	5	1	...	5	...	1	2	1	‡21	28·3	2·30	...
Eye Diseases	1	...	...	1	...	2	3	7	...	5	2	...	21	28·3	2·30	...
Abortion and Puerperal Affections	4	1	...	1	5	2	1	2	2	1	1	...	20	27·0	2·19	5·00
Other Diseases peculiar to women	6	3	1	6	12	7	15	10	13	13	17	3	106	143·1	11·58	
Entozoa	...	...	...	...	...	1	...	...	...	...	...	1	2	2·7	·22	
Diseases of the Integuments	4	...	4	1	2	1	1	2	3	5	3	...	26	35·1	2·84	
All other Causes	3	3	6	12	16	9	14	8	6	9	8	11	105	141·7	11·48	
	45	57	84	91	107	61	97	83	83	85	68	54	915			·74
	Admitted per 1,000 per annum.															
	659·2	994·7	1489·8	1609·6	1487·8	1054·6	1327·5	1466·1	1442·6	1234·6	1234·6	873·4	1234·8			

* Neuralgia 36 = 48·6.

† Phthisis pulmonalis 6 = 8·1.

‡ Rheumatic fever 1 = 1·3.

VI.

TABLE showing the SICKNESS and MORTALITY among the CHILDREN of the EUROPEAN REGIMENTS of the MADRAS ARMY during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																					
						Cholera.	Small-pox.	Measles.	Whooping Cough.	Diphtheria and Croup.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-Stroke.	Tubercle of meninges and brain.	Tubercle of the lungs.	Tubercle of abdominal organs.	Convulsions.	Pneumonia.	Other Respiratory Diseases.	Teething.	Dysentery.	Diarrhœa.	Anæmia, Debility, and Immaturity.	All other Causes.
January	1,449	31	21·4	4	30·53	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	2
February	1,423	72	50·6	3	27·48	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
March	1,418	126	88·9	5	45·97	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1
April	1,406	91	64·7	8	74·17	...	...	1	...	...	...	1	...	...	...	...	...	...	...	2	1	...	...	...	...	1	2
May	1,411	75	53·2	11	81·30	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	2	1	...	...	...	3	3
June	1,401	77	55·0	4	37·22	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1
July	1,391	82	59·0	2	14·99	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
August	1,405	129	91·8	5	46·39	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	3
September	1,409	124	88·0	3	27·76	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2
October	1,364	84	61·6	3	22·94	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	...
November	1,373	76	55·4	2	18·99	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...
December	1,398	56	40·1	1	8·42	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
						...	...	4	...	...	1	1	1	...	...	...	..	...	...	6	3	6	*5	...	...	†6	18
						Died per 1,000 of the Average Strength.																					
For the Year	1,405	86	60·7	51	36·30	...	...	2·85	...	...	·71	·71	·71	...	...	...	...	...	...	4·27	2·14	4·27	3·56	...	...	4·27	12·81
						Composition of 100 Deaths.																					
						...	...	7·8	...	...	2·0	2·0	2·0	...	...	..	...	...	...	11·8	5·9	11·8	9·8	...	...	11·8	35·3

* One out of hospital. † Four immaturity at birth.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	...	...	3	...	1	1	1	...	...	10	8	...	24	17·1	1·48	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	11	17	3	...	...	1	...	...	...	...	1	33	23·5	2·03	12·12
Whooping Cough	3	4	...	2	1	...	6	3	2	1	...	...	22	15·7	1·35	...
Diphtheria and Croup	1	1	...	...	...	...	...	1	...	...	...	...	3	2·1	·18	...
Enteric Fever	...	...	1	...	2	...	...	...	...	...	...	...	3	2·1	·18	33·33
Intermittent Fever	10	21	45	25	26	6	17	11	12	22	27	17	239	170·1	14·70	·41
Remittent Fever	1	1	...	1	3	...	1	...	...	1	...	...	8	5·7	·49	12·50
Simple Continued Fever	1	6	7	9	13	8	6	6	12	9	3	1	81	57·7	4·98	...
Other Fevers	1	1	9	8	4	2	...	1	...	...	...	...	26	18·5	1·60	...
Heat-Stroke	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Diseases	...	1	...	...	1	...	...	1	...	...	...	...	3	2·1	·18	...
Convulsions	4	1	...	2	3	...	...	1	...	...	1	1	13	9·3	·80	46·15
Eye Diseases	2	4	6	3	13	22	53	86	41	15	5	4	254	180·8	15·62	...
Pneumonia	...	...	...	3	2	...	...	...	1	1	1	...	8	5·7	·49	37·50
Other Respiratory Diseases	12	29	49	25	14	16	22	22	25	38	34	16	302	214·9	18·57	1·92
Teething	12	5	7	8	9	6	17	14	4	4	5	4	95	67·6	5·84	4·17
Tonsillitis and Sorethroat	2	5	3	1	1	2	3	2	1	6	...	...	26	18·5	1·60	...
Dysentery	3	4	1	2	4	2	4	2	2	3	3	1	31	22·1	1·91	...
Diarrhœa	1	2	...	...	...	...	...	2	5	7	5	3	25	17·8	1·54	...
Hepatic { Abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic { Congestion and Inflammation	...	1	...	1	...	...	1	...	...	...	...	...	3	2·1	·18	...
Spleen Diseases	...	...	...	...	...	...	1	...	...	...	...	...	1	·7	·06	...
Anæmia, Debility, and Immaturity	4	5	7	12	10	5	2	7	7	3	5	1	68	48·4	4·18	8·45
Entozoa	1	4	3	12	4	6	3	1	1	1	4	7	47	33·5	2·89	
Diseases of the Integuments	6	10	6	6	14	5	12	5	10	2	7	1	84	59·8	5·17	
Injuries	3	3	4	7	2	3	1	4	2	...	3	7	39	27·8	2·40	
All other Causes	8	10	22	20	23	17	24	29	8	8	10	9	188	133·8	11·56	
	75	129	190	150	150	101	175	198	133	131	121	73	1,626			3·03
	Admitted per 1,000 per annum.															
	572·5	1181·7	1746·7	1390·7	1108·6	939·8	1312·0	1837·1	1230·5	1001·6	1148·8	614·8	1157·3			

* Excluding deaths out of hospital.

VII.

TABLE showing the SICKNESS and MORTALITY among the WOMEN of the EUROPEAN REGIMENTS of the BOMBAY ARMY during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																				
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-Stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Anæmia and Debility.	Child-birth and Abortion.	All other Causes.
January	648	22	34·0	1	17·07	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
February	672	24	35·7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
March	668	13	19·5	2	39·03	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
April	671	17	25·3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
May	630	17	27·0	3	49·66	...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	...	...	...	...
June	621	19	30·6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
July	623	12	19·3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
August	623	22	35·3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
September	621	19	30·6	3	62·97	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2
October	693	16	23·1	3	45·15	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	1	...	...
November	654	21	32·1	1	19·93	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
December	675	11	16·3	1	17·44	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
						...	...	...	...	...	...	...	*1	1	...	3	1	...	...	1	1	...	1	...	5
						Died per 1,000 of the Average Strength.																			
For the Year	651	17	27·3	14	21·51	...	...	...	...	...	...	...	1·54	1·54	...	4·61	1·54	...	...	1·54	1·54	...	1·54	...	7·68
						Composition of 100 Deaths.																			
						...	...	...	...	...	...	...	7·1	7·1	...	21·4	7·1	...	...	7·1	7·1	...	7·1	...	35·7

* Out of hospital.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	1	...	...	...	...	...	...	...	...	1	1·5	·18	...
Enteric Fever	1	...	...	...	...	...	...	...	...	...	...	...	1	1·5	·18	...
Intermittent Fever	12	14	6	13	22	20	15	14	15	18	13	9	171	262·7	31·43	...
Remittent Fever	1	...	...	...	...	...	...	...	...	1	...	...	2	3·1	·37	...
Simple Continued Fever	1	1	...	2	...	1	1	...	1	...	1	1	9	13·8	1·65	...
Other Fevers	3	...	1	...	...	...	...	...	...	...	...	...	4	6·1	·74	...
Heat-Stroke	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nervous Diseases	...	1	1	1	2	...	...	1	...	1	1	1	†9	13·8	1·65	11·11
Circulatory Diseases	...	1	...	...	...	...	...	...	...	...	...	...	1	1·5	·18	...
Tubercle of the lungs	...	...	1	...	1	...	1	...	1	1	...	...	‡5	7·7	·92	60·00
Pneumonia	...	...	...	...	...	...	...	...	1	...	...	...	1	1·5	·18	50·00
Other Respiratory Diseases	3	1	...	1	...	2	...	...	1	...	4	...	12	18·4	2·21	...
Tonsillitis and Sorethroat	...	...	1	1	...	...	1	...	3	...	1	...	7	10·8	1·29	...
Dysentery	...	2	1	...	1	...	...	...	...	2	...	...	6	9·2	1·10	...
Diarrhœa	1	...	1	1	1	1	...	...	5	...	1	...	11	16·9	2·02	9·09
Hepatic Abscess	...	...	...	...	1	...	...	...	...	...	...	...	1	1·5	·18	100·00
Hepatic Congestion and Inflammation	...	1	...	1	...	...	2	1	...	1	...	...	6	9·2	1·10	...
Spleen Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Anæmia and Debility	19	18	11	13	20	12	14	24	12	26	17	18	204	313·4	37·50	·48
Acute and Chronic Rheumatism	...	...	2	...	...	...	...	...	...	...	...	...	2	3·1	·37	...
Eye Diseases	1	...	...	...	...	...	...	2	...	1	...	1	5	7·7	·92	...
Abortion and Puerperal Affections	...	...	2	2	3	1	...	6	...	2	1	...	17	26·1	3·12	...
Other Diseases peculiar to women	3	2	2	...	2	2	2	3	2	1	...	1	20	30·7	3·68	
Entozoa	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Diseases of the Integuments	1	...	1	...	1	1	1	2	...	...	1	...	8	12·3	1·47	
All other Causes	5	3	3	3	3	...	5	4	3	4	6	2	41	63·0	7·54	
	51	44	33	39	57	40	42	57	44	58	46	33	544			2·29
	Admitted per 1,000 per annum.															
	870·5	853·5	644·0	757·7	943·5	839·7	703·0	1192·7	923·6	872·8	916·9	575·6	835·6			

* Excluding deaths out of hospital.

† Neuralgia 5=7·7.

‡ Phthisis pulmonalis 5=7·7.

VIII.

TABLE showing the SICKNESS and MORTALITY among the CHILDREN of the EUROPEAN REGIMENTS of the BOMBAY ARMY during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	CAUSES OF DEATH.																					
						Cholera.	Small-pox.	Measles.	Whooping Cough.	Diphtheria and Croup.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-Stroke.	Tubercle of meninges and brain.	Tubercle of the lungs.	Tubercle of abdominal organs.	Convulsions.	Pneumonia.	Other Respiratory Diseases.	Teething.	Dysentery.	Diarrhœa.	Anæmia, Debility and Immaturity.	All other Causes.
January	1,187	27	22·7	5	46·59	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	2	...	...	...	1	...
February	1,198	24	20·0	3	32·64	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1
March	1,234	19	15·4	5	52·82	...	...	1	...	...	...	...	...	...	...	...	...	...	..	2	...	...	...	...	...	2	...
April	1,231	24	19·5	4	42·36	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	1	1
May	1,163	18	15·5	6	53·80	...	...	2	..	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	1	...	...
June	1,171	25	21·3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
July	1,195	20	16·7	9	78·54	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	1	4	1	...
August	1,207	29	24·0	5	54·00	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	1	1	...	...
September	1,215	22	18·1	3	32·19	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	1	...	...	...	...
October	1,314	19	14·5	4	31·75	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	2	...
November	1,250	20	16·0	2	20·86	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
December	1,200	16	13·3	4	39·25	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	1	1
						...	...	3	...	...	...	1	2	1	...	...	...	...	...	14*	...	2*	5*	2	7	10**	3†
						Died per 1,000 of the Average Strength.																					
For the Year	1,212	23	18·1	50	41·25	...	...	2·48	...	...	...	·83	1·65	·83	...	...	...	...	...	11·55	...	1·65	4·13	1·65	5·78	8·25	2·48
						Composition of 100 Deaths.																					
						...	...	6·0	...	...	...	2·0	4·0	2·0	...	...	...	...	...	28·0	...	4·0	10·0	4·0	14·0	20·0	6·0

* One out of hospital. ** One immaturity at birth. † One sloughing sorethroat.

CAUSES OF ADMISSION.	NUMBER OF ADMISSIONS INTO HOSPITAL IN EACH MONTH.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	1	...	...	...	...	...	1	·8	·16	...
Measles	...	2	7	4	8	3	...	...	1	1	...	16	42	34·7	6·64	5·77
Whooping Cough	5	...	...	...	...	1	...	...	...	...	...	...	6	5·0	·95	...
Diphtheria and Croup	1	...	...	...	...	...	...	...	...	...	...	...	1	·8	·16	...
Enteric Fever	...	...	...	...	1	...	...	...	...	...	...	...	1	·8	·16	...
Intermittent Fever	13	8	12	10	23	13	10	14	27	26	14	7	177	146·0	27·96	·56
Remittent Fever	2	...	1	...	1	...	...	2	...	...	...	...	6	5·0	·95	33·33
Simple Continued Fever	4	1	1	4	3	5	7	3	5	4	1	1	39	32·2	6·16	2·56
Other Fevers	10	...	1	...	...	...	...	3	...	3	...	...	17	14·0	2·69	...
Heat-Stroke	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions	1	...	1	2	3	...	2	...	2	2	1	3	17	14·0	2·69	76·47
Eye Diseases	5	4	3	4	2	...	5	11	5	5	...	3	47	38·8	7·42	...
Pneumonia	1	...	1	...	...	...	...	...	...	...	...	...	2	1·7	·32	...
Other Respiratory Diseases	11	6	3	2	...	4	1	5	4	3	6	3	48	39·6	7·58	2·08
Teething	2	1	3	6	4	3	11	8	...	8	3	2	51	42·1	8·06	7·84
Tonsillitis and Sorethroat	...	1	...	...	...	1	2	2	...	...	...	1	7	5·8	1·11	14·29
Dysentery	1	...	1	...	...	...	2	2	...	1	...	...	7	5·8	1·11	28·57
Diarrhœa	1	2	3	1	2	2	8	8	3	6	1	5	42	34·7	6·64	15·56
Hepatic Abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Congestion and Inflammation	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Spleen Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Anæmia, Debility and Immaturity	7	8	5	14	5	7	5	5	10	8	3	2	79	65·2	12·48	10·87
Entozoa	1	...	...	...	...	...	...	...	...	...	...	...	1	·8	·16	
Diseases of the Integuments	4	...	...	...	2	2	...	...	1	2	3	1	15	12·4	2·37	
Injuries	2	...	1	...	1	1	...	...	4	2	1	1	13	10·7	2·05	
All other Causes	2	2	2	1	2	2	2	1	...	...	...	...	14	11·6	2·21	
	73	35	45	48	57	44	56	64	62	71	33	45	633			7·07
	Admitted per 1,000 per annum.															
	680·2	380·8	475·4	508·3	511·1	489·8	488·7	691·2	665·2	563·5	344·1	441·5	522·3			

* Excluding deaths out of hospital.

IX.

TABLE showing the DISTRIBUTION by STATIONS of the DEATHS of the WOMEN of EUROPEAN REGIMENTS.

Stations.	Average Annual Strength.	Causes of Death.																				Total Deaths of the year.	Died per 1,000 of Strength.		
		Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-Stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Anæmia and Debility.	Child-birth and Abortion.	All other Causes.		A. Cholera.	B. All other Causes.	C. All Causes.
Port Blair	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon	53	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Group I	59	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Thayetmyo	23	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	43·48	43·48
Meiktila	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Dufferin (Mandalay)	32	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Shwebo	24	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhamo	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Group II	88	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	11·36	11·36
Fort William	79	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dum-Dum	47	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	21·28	42·55	63·83
Barrackpore	26	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	38·46	38·46
Group IV*	152	1	...	...	...	2	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	4	6·58	19·74	26·32
Dinapore	32	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Benares	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	166·67	166·67
Fyzabad	17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lucknow	84	2	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	3	23·81	11·90	35·71
Sitapur	14	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehgarh	13	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cawnpore	44	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Allahabad	44	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Allahabad	20	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Group V	274	2	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	4	7·30	7·30	14·60
Muttra	33	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Shajahanpur	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bareilly	47	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	21·28	21·28
Moradabad	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut	112	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Delhi	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Roorkee	37	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Umballa	56	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	17·86	17·86
Jullundur	40	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ferozepore	57	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meean Meer	36	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	55·56	55·56
Fort Lahore	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Amritsar	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sialkot	48	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawalpindi	124	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	3	...	24·19	24·19
Group VI	611	...	...	2	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1	2	7	...	11·46	11·46
Campbellpur	13	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Attock	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowshera	18	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	55·56	55·56
Peshawar	31	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mooltan	42	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	23·81	23·81
Hyderabad	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kurrachee	52	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	19·23	19·23
Group VII	169	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	3	...	17·75	17·75
Nowgong	17	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	2	...	117·65	117·65
Jhansi	38	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sipri	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Agra	40	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nasirabad	16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	62·50	62·50
Neemuch	19	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	52·63	52·63
Indore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mhow	75	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	2	...	26·67	26·67
Ahmedabad	15	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Deesa	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VIII	232	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	1	2	6	...	25·86	25·86

* There were no European troops in Group III.

STATIONS.	Average Annual Strength.	CAUSES OF DEATH.																				Total Deaths of the year.	DIED PER 1,000 OF STRENGTH.		
		Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-Stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Anæmia and Debility.	Child-birth and Abortion.	All other Causes.		A. Cholera.	B. All other Causes.	C. All Causes.
Ahmednagar	31	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	32·26	32·26
Poona	124	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kirkee	65	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	2	...	30·77	30·77
Satara	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kamptee	35	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	28·57	28·57
Sitabaldi	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Belgam	43	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Secunderabad	164	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	6·10	6·10
Jubbulpore	30	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Saugor	23	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IX	523	...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	...	1	1	...	5	...	9·56	9·56
Colaba (Bombay)	98	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	...	...	1	4	...	40·82	40·82
Cannanore	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Calicut	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mallapuram	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP X	107	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	...	...	1	4	...	37·38	37·38
Madras	68	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	14·71	14·71
St. Thomas' Mount	25	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pallavaram	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bangalore	160	...	...	1	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	3	...	18·75	18·75
Bellary	51	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XI	307	...	...	1	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	1	4	...	13·03	13·03
Gnathong	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ranikhet	59	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	2	...	33·90	33·90
Chaubuttia	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chakrata	26	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	38·46	38·46
Dagshai	36	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Solon	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Subathu	37	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jutogh	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhagsu	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Khyragully	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Baragully	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kuldunnah	15	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kalabagh	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Camp Gharial	16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, Thobba	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, Lower Topa	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ghora Dhaka	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cherat	29	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta	64	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	...	31·25	31·25
Taragarh	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mount Abu	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Purandhur	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	142·86	142·86
Ramandrug	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Wellington	55	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	18·18	18·18
Bernardmyo	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XII(*a*)	404	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	1	...	...	2	2	7	...	17·33	17·33
Darjeeling Depôt	30	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Naini Tal ,,	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	200·00	200·00
Landour ,,	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kasauli ,,	34	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dalhousie ,,	17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..
Murree ,,	33	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pachmarhi ,,	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Khandalla ,,	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XII(*b*)	141	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	7·09	7·09
Marching, Bengal	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, Madras	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, Bombay	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Deolali Depôt	34	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Poonamallee Depôt	13	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Aden	37	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
ARMY OF BENGAL	1,765	3	...	2	...	4	...	...	1	...	2	2	...	1	...	...	1	...	...	5	4	25	1·70	12·46	14·16
ARMY OF MADRAS	741	...	...	1	...	1	...	...	...	...	...	1	1	...	1	...	...	...	...	1	1	7	...	9·45	9·45
ARMY OF BOMBAY	651	...	...	...	...	...	...	...	1	1	..	3	1	...	...	1	1	...	1	...	5	14	...	21·51	21·51
ARMY OF INDIA	3,157	3	...	3	...	5	...	...	2	1	2	6	2	1	1	1	2	...	1	6	10	46	·95	13·62	14·57

WOMEN AND CHILDREN OF EUROPEAN REGIMENTS, 1894.

X.

TABLE showing the DISTRIBUTION by STATIONS of the DEATHS of the CHILDREN of EUROPEAN REGIMENTS.

STATIONS.	Average Annual Strength.	Causes of Death.																						Total Deaths of the year.	Died per 1,000 of Strength.		
		Cholera.	Small-pox.	Measles.	Whooping Cough.	Diphtheria and Croup.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-Stroke.	Tubercle of meninges and brain.	Tubercle of the lungs.	Tubercle of abdominal organs.	Convulsions.	Pneumonia.	Other Respiratory Diseases.	Teething.	Dysentery.	Diarrhœa.	Anæmia, Debility and Immaturity.	All other Causes.		A. Cholera.	B. All other Causes.	C. All Causes.
Port Blair	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon	112	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	5	...	44·64	44·64
Group I	120	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	5	...	41·67	41·67
Thayetmyo	48	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	3	...	62·50	62·50
Meiktila	13	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...
Fort Dufferin (Mandalay)	42	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Shwebo	44	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	2	...	45·45	45·45
Bhamo	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Group II	156	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	3	5	...	32·05	32·05
Fort William	124	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	1	1	5	...	40·32	40·32
Dum-Dum	95	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	2	...	..	3	...	31·58	31·58
Barrackpore	29	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	1	...	...	...	3	...	103·45	103·45
Group IV*	248	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	...	2	2	2	1	1	11	...	44·35	44·35
Dinapore	55	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	36·36	36·36
Benares	16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	...	125·00	125·00
Fyzabad	31	...	...	...	...	..	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	64·52	64·52
Lucknow	130	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	1	2	7	...	53·85	53·85
Sitapur	34	...	...	...	..	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	29·41	29·41
Fatehgarh	31	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cawnpore	56	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	2	2	...	4	1	..	11	...	196·43	196·43
Allahabad	71	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	1	5	...	70·42	70·42
Fort Allahabad	40	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1	3	...	75·00	75·00
Group V	464	...	...	1	...	1	1	1	1	...	...	...	1	...	...	...	1	3	5	1	8	4	5	33	...	71·12	71·12
Muttra	61	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	...	32·79	32·79
Shajahanpur	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	83·33	83·33
Bareilly	81	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	1	...	...	3	...	37·04	37·04
Moradabad	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...
Meerut	153	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	2	...	1	3	1	10	...	65·36	65·36
Delhi	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Roorkee	70	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Umballa	98	...	...	...	...	1	...	...	1	...	...	...	...	...	1	2	...	...	...	...	...	...	1	6	...	61·86	61·86
Jullundur	77	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	...	3	...	38·96	38·96
Ferozepore	111	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	1	...	...	...	2	1	6	...	54·05	54·05
Meean Meer	63	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	2	...	31·75	31·75
Fort Lahore	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Amritsar	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sialkot	84	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	2	...	23·81	23·81
Rawalpindi	198	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	4	...	1	4	6	1	18	...	90·91	90·91
Group VI	1,029	...	...	...	...	1	...	...	2	1	...	...	1	...	2	9	1	6	2	1	10	11	6	53	...	90·91	90·91
Campbellpur	18	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Attock	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowshera	31	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	...	64·52	64·52
Peshawar	60	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	...	...	...	1	5	...	83·33	83·33
Mooltan	87	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	2	...	22·99	22·99
Hyderabad	20	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	50·00	50·00
Kurrachee	100	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	3	...	30·00	30·00
Group VII	320	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	3	3	...	3	...	2	13	...	40·63	40·63
Nowgong	29	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	34·48	34·48
Jhansi	56	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1	1	...	...	...	...	...	4	...	71·43	71·43
Sipri	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Agra	54	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	1	4	...	74·07	74·07
Nasirabad	29	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	2	...	68·97	68·97
Neemuch	30	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	33·33	33·33
Indore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mhow	124	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	1	...	...	3	...	24·19	24·19
Ahmedabad	24	...	..	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	41·67	41·67
Deesa	22	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VIII	371	...	...	...	...	...	1	1	...	1	...	1	...	...	1	3	1	2	...	...	2	1	2	16	...	43·13	43·13

* There were no European troops in Group III.

STATIONS.	Average Annual Strength.	Causes of Death.																						Total Deaths of the year.	Died per 1,000 of Strength.		
		Cholera.	Small-pox.	Measles.	Whooping Cough.	Diphtheria and Croup.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-Stroke.	Tubercle of meninges and brain.	Tubercle of the lungs.	Tubercle of abdominal organs.	Convulsions.	Pneumonia.	Other Respiratory Diseases.	Teething.	Dysentery.	Diarrhœa.	Anæmia, Debility and Immaturity.	All other Causes.		A. Cholera.	B. All other Causes.	C. All Causes.
Ahmednagar	58	...	...	...	..	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	17·24	17·24
Poona	242	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	1	1	1	...	6	...	24·79	24·79
Kirkee	119	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	1	1	1	6	...	50·42	50·42
Satara	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kamptee	61	...	...	2	...	...	...	...	2	...	...	...	...	...	...	4	...	...	...	1	1	...	...	10	...	163·93	163·93
Sitabaldi	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Belgam	65	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	3	...	46·15	46·15
Secunderabad	301	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...	3	3	...	...	1	4	14	...	46·51	46·51
Jubbulpore	47	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	...	...	3	...	63·83	63·83
Saugor	34	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	3	...	88·24	88·24
GROUP IX	938	...	...	2	1	...	...	1	2	...	...	...	...	...	...	9	1	6	7	2	3	3	9	46	...	49·04	49·04
Colaba (Bombay)	188	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	3	...	6	...	31·91	31·91
Cannanore	16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Calicut	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mallapuram	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP X	207	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	3	...	6	...	28·99	28·99
Madras	143	...	...	1	...	...	...	...	...	..	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...	13·99	13·99
St. Thomas' Mount	56	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	2	...	35·71	35·71
Pallavaram	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bangalore	287	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	2	...	...	...	...	1	2	7	...	24·39	24·39
Bellary	117	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	1	6	9	...	76·92	76·92
GROUP XI	607	...	...	1	...	...	1	..	1	...	...	...	...	...	...	3	2	2	...	...	...	2	8	20	...	32·95	32·95
Gnathong	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ranikhet	94	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	1	...	...	1	1	2	5	...	53·19	53·19
Chaubuttia	10	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chakrata	40	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	...	50·00	50·00
Dagshai	89	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	33·71	33·71
Solon	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Subathu	81	...	..	...	...	...	...	...	...	...	...	...	...	...	...	3	...	1	...	...	1	...	...	5	...	61·73	61·73
Jutogh	18	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhagsu	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...
Khyragully	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Baragully	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	500·00	500·00
Kuldunnah	28	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kalabagh	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Camp Gharial	19	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
„ Thobba	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...	...
„ Lower Topa	7	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ghora Dhaka	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cherat	59	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta	103	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	1	1	5	...	48·54	48·54
Taragarh	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mount Abu	13	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	...	153·85	153·85
Purandhur	20	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ramandrug	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Wellington	102	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	3	...	4	...	39·22	39·22
Bernardmyo	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XII(*a*)	734	...	...	...	...	...	1	...	1	...	...	...	...	...	1	4	...	3	...	...	4	7	6	27	...	36·78	36·78
Darjeeling Depôt	69	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	3	...	43·48	43·48
Naini Tal „	13	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	76·92	76·92
Landour „	27	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kasauli „	76	...	...	...	...	...	...	1	...	...	...	..	...	...	...	...	...	...	...	...	..	...	1	2	...	26·32	26·32
Dalhousie „	35	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	28·57	28·57
Murree „	72	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	2	4	...	55·56	55·56
Pachmarhi „	14	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	71·43	71·43
Khandalla „	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XII(*b*)	307	...	...	...	...	...	...	1	1	...	...	...	...	...	1	...	...	1	...	1	1	...	6	12	...	39·09	39·09
Marching, Bengal	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
„ Madras	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...
„ Bombay	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	125·00	125·00
Deolali Depôt	64	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	2	...	31·25	31·25
Poonamallee Depôt	31	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Aden	73	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	...	...	2	...	5	...	68·49	68·49
ARMY OF BENGAL	3,063	...	...	1	1	2	3	3	5	1	...	2	2	...	5	16	4	18	13	5	26	19	28	154	...	50·28	50·28
ARMY OF MADRAS	1,405	...	...	4	...	...	1	1	1	...	...	...	...	...	...	6	3	6	5	...	...	6	18	51	...	36·30	36·30
ARMY OF BOMBAY	1,212	...	...	3	...	...	...	1	2	1	...	...	...	...	...	14	...	2	5	2	7	10	3	50	...	41·25	41·25
ARMY OF INDIA	5,680	...	...	8	1	2	4	5	8	2	...	2	2	...	5	36	7	26	23	7	33	35	49	255	...	44·89	44·89

XI.

TABLE showing the DISTRIBUTION by STATIONS of the CHOLERA of the WOMEN of EUROPEAN REGIMENTS.*

STATIONS.	Average Annual Strength.	Number of Admissions from Cholera in each Month.												Total Admissions of the year.	Total Deaths of the year.	Death-rate per 1,000 of Strength
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.			
IV. Dum-Dum	47	...	...	...	...	...	...	...	1	...	...	...	...	1	1	21·28
V. Dinapore	32	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...
Lucknow	84	...	...	...	...	...	...	1	2	...	...	...	...	3	2	23·81
Army of Bengal	1,765	...	...	...	...	...	...	1	4	...	...	...	...	5	3	1·70
Army of Madras	741	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Army of Bombay	651	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Army of India	3,157	...	...	...	...	...	...	1	4	...	...	...	...	5	3	·95

* Stations where cholera did not occur are not shown in this table.

XII.

TABLE showing the DISTRIBUTION by STATIONS of the CHOLERA of the CHILDREN of EUROPEAN REGIMENTS.*

STATIONS.	Annual Average Strength.	Number of Admissions from Cholera in each Month.												Total Admissions of the year.	Total Deaths of the year.	Death-rate per 1,000 of Strength
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.			
Army of Bengal	3,063	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Army of Madras	1,405	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Army of Bombay	1,212	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Army of India	5,680	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

* Stations where cholera did not occur are not shown in this table.

XIII.

DETAIL of the CAUSES of the ADMISSIONS and DEATHS of the WOMEN of EUROPEAN REGIMENTS.

Women of the Army of Bengal—Strength	. 1,765	Admission-rate per 1,000	. 831·2	Death-rate per 1,000	. 14·16
,, ,, Madras ,,	. 741	,, ,,	. 1234·8	,, ,,	. 9·45
,, ,, Bombay ,,	. 651	,, ,,	. 835·6	,, ,,	. 21·51
,, ,, India ,,	. 3,157	,, ,,	. 926·8	,, ,,	. 14·57

CAUSES OF ADMISSION AND DEATH.	BENGAL.		MADRAS.		BOMBAY.		INDIA.	
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
Small-pox	...	...	...	...	1	...	1	...
Chicken-pox	1	...	...	...	...	...	1	...
Measles	4	...	2	...	1	...	7	...
Epidemic rose rash	...	...	1	...	...	...	1	...
Dengue	...	...	...	...	3	...	3	...
Influenza	9	...	10	...	...	...	19	...
Simple continued fever	20	...	8	...	9	...	37	...
Enteric fever	8	2	1	1	1	...	10	3
Cholera	5	3	...	...	...	...	5	3
Dysentery	26	...	17	1	6	...	49	1
Ague	284	...	127	...	163	...	574	...
Remittent fever	19	4	8	1	2	...	29	5
Malarial cachexia	12	...	15	...	8	...	35	...
Phagedæna	1	...	...	...	...	...	1	...
Septicæmia (puerperal)	4	3	1	...	...	...	5	3
Secondary syphilis	...	...	1	...	1	...	2	...
Tænia solium	1	...	...	...	...	...	1	...
,, mediocanellata	1	...	...	...	...	...	1	...
Ascaris lumbricoides	1	...	1	...	...	...	2	...
Culex anxifer	1	...	1	...	...	...	2	...
Effects of climate	...	...	4	...	...	...	4	...
Alcoholism	3	...	1	...	...	...	4	...
Debility	481	...	192	...	189	1	862	1
Rheumatic fever	2	...	1	...	...	...	3	...
Rheumatism	13	...	20	...	2	...	35	...
Tumour of female breast (chronic)	3	...	...	...	...	...	3	...
Sarcoma	1	...	...	...	...	...	1	...
Carcinoma (medullary)	1	...	...	...	...	...	1	...
Tubercle of the lungs	9	2	4	1	5	3	18	6
Scrofula	1	...	...	...	...	...	1	...
Anæmia	38	...	88	...	15	...	141	...
Neuralgia	20	...	36	...	5	...	61	...
Vertigo	...	...	...	...	1	...	1	...
Megrim	3	...	1	...	...	...	4	...
Tetanus	...	...	...	...	1	1	1	1
Epilepsy	1	...	2	...	...	...	3	...
Hysteria	5	...	3	...	1	...	9	...
Insanity (puerperal)	1	...	...	...	...	...	1	...
Mania	1	...	...	...	1	...	2	...
Conjunctivitis	27	...	21	...	5	...	53	...
Keratitis	1	...	...	...	...	...	1	...
Iritis	1	...	...	...	...	...	1	...
Panophthalmitis	1	...	...	...	...	...	1	...
Inflammation of the external meatus	...	...	1	...	...	...	1	...
,, ,, middle ear	...	...	1	...	...	...	1	...
Deafness	...	...	1	...	...	...	1	...
Valvular disease of the heart	9	1	...	...	1	...	10	1
Fatty degeneration ,, ,,	...	1	...	...	...	...	...	1
Aneurysm of the arteries	1	...	...	...	...	...	1	...
Palpitation	1	...	...	...	...	...	1	...
Phlebitis	2	...	...	...	...	...	2	...
Phlegmasia dolens	2	...	...	...	...	...	2	...
Varix	2	...	...	...	...	...	2	...
Bronchitis	40	1	51	...	12	...	103	1
Pneumonia	2	...	1	1	1	1	4	2
Chronic pneumonic phthisis	...	...	2	...	...	...	2	...
Pleurisy	2	...	1	...	...	...	3	...
Inflammation of the dental periosteum	2	...	...	...	...	...	2	...
Abscess ,, ,, ,,	1	...	...	...	...	...	1	...
Inflammation of the tongue	...	...	...	...	1	1	1	1
Sorethroat	16	...	10	...	6	...	32	...
Quinsy	2	...	6	...	1	...	9	...
Follicular tonsillitis	6	...	4	...	...	...	10	...
Ulceration of the fauces	...	...	1	...	...	...	1	...
Follicular inflammation of the pharynx	1	...	...	...	...	...	1	...
Hæmorrhage from the stomach	1	...	...	...	...	...	1	...
Inflammation of the stomach	4	...	27	...	3	...	34	...
Ulceration ,, ,,	1	...	1	...	1	1	3	1
Dyspepsia	46	...	1	...	16	...	63	...
Inflammation of the intestines	...	...	33	...	...	...	33	...
Typhlitis	...	...	1	1	...	...	1	1
Hernia	1	...	2	...	1	...	4	...
Diarrhœa	45	...	8	...	11	1	64	1
Constipation	2	...	1	...	1	...	4	...
Colic	14	...	2	...	2	...	18	...
Abscess of the rectum	1	...	...	...	...	...	1	...
Piles	5	...	6	...	...	...	11	...
Fistula in ano	1	...	1	...	...	...	2	...
Congestion of the liver	9	...	14	...	5	...	28	...
Hepatitis	6	...	...	...	1	...	7	...
Abscess of the liver	1	1	...	...	1	1	2	2
,, ,, associated with dysentery	1	...	...	...	...	...	1	...
Cirrhosis of the liver	...	...	...	...	1	1	1	1
Jaundice	1	...	1	...	...	...	2	...
Gallstones	...	...	1	...	...	...	1	...
Peritonitis	1	1	...	...	1	1	2	2
,, (puerperal)	1	...	...	...	...	...	1	...
Splenitis	...	...	1	...	...	...	1	...
Inflammation of the lymph glands	...	...	...	...	1	...	1	...
Goitre	1	...	...	...	...	...	1	...
Acute nephritis	2	1	2	...	...	...	4	1
Bright's diseases	2	...	...	...	...	...	2	...

CAUSES OF ADMISSION AND DEATH.	BENGAL.		MADRAS.		BOMBAY.		INDIA.	
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
Nephralgia	1	...	...	...	...	...	1	...
Chyluria	3	...	...	...	...	...	3	...
Albuminuria	...	...	...	...	2	...	2	...
Lithuria	1	...	2	...	...	...	3	...
Inflammation of the bladder	1	...	1	...	...	...	2	...
Hypertrophy of the ovary	...	...	1	...	...	...	1	...
Inflammation ,, ,,	7	...	2	...	1	...	10	...
Pelvic peritonitis	2	...	...	...	...	...	2	...
,, cellulitis	2	...	1	...	1	...	4	...
Hypertrophy of the uterus, not defined	...	...	1	...	...	...	1	...
Subinvolution of the uterus	3	...	...	...	...	...	3	...
Hæmorrhage from the uterus (659)	1	...	1	...	...	...	2	...
Inflammation of the uterus	9	...	24	...	...	...	33	...
Ulcer ,, ,,	1	...	2	...	1	...	4	...
Abrasion ,, ,,	...	...	1	...	...	...	1	...
Displacement and distortion of the uterus, not defined	...	...	2	...	5	...	7	...
Retroversion of the uterus	3	...	...	...	...	...	3	...
Anteflexion ,, ,,	1	...	...	...	...	...	1	...
Retroflexion ,, ,,	...	...	1	...	...	...	1	...
Prolapsus ,, ,,	4	...	...	...	...	...	4	...
Inflammation of the vagina	2	...	...	...	...	...	2	...
Amenorrhœa	1	...	4	...	...	...	5	...
Dysmenorrhœa	4	...	9	...	3	...	16	...
Menorrhagia	23	...	22	...	2	...	47	...
Metrorrhagia	4	...	2	...	...	...	6	...
Leucorrhœa	7	...	7	...	1	...	15	...
Metritis (700)	...	...	1	...	...	...	1	...
Spurious pains and cramps	6	...	14	...	2	...	22	...
Hæmorrhage during pregnancy (706)	9	...	4	...	...	...	13	...
Displacement of the uterus (707)	...	...	...	...	1	...	1	...
Prolapsus of the uterus (707*e*)	1	...	...	...	...	...	1	...
Abortion	43	...	17	1	12	...	72	1
Premature labour	6	...	2	...	2	...	10	...
Still-birth	2	...	...	...	1	...	3	...
Hæmorrhage, not defined (716)	1	1	...	...	...	...	1	1
Rupture of perineum	2	...	...	...	2	...	4	...
Post-partum hæmorrhage	1	1	...	...	...	...	1	1
Pelvic cellulitis (728)	2	...	...	...	...	...	2	...
Iliac and pelvic abscesses (729)	1	...	...	...	...	...	1	...
Inflammation of the female breast	9	...	1	...	...	...	10	...
Abscess ,, ,, ,,	8	...	6	...	3	...	17	...
Periostitis	1	...	...	...	...	...	1	...
Synovitis	3	...	1	...	1	...	5	...
Inflamed bursa	1	...	...	...	...	...	1	...
Bunion	...	...	1	...	...	...	1	...
Œdema of the connective tissue	1	...	...	...	...	...	1	...
Inflammation ,, ,,	...	...	2	...	1	...	3	...
Abscess ,, ,,	5	...	2	...	1	...	8	...
Urticaria	...	...	2	...	2	...	4	...
Eczema	3	...	7	...	...	...	10	...
Impetigo	...	...	...	...	1	...	1	...
Lichen	1	...	...	...	...	...	1	...
Zona	1	...	...	...	...	...	1	...
Gutta rosea	1	...	...	...	...	...	1	...
Ulcer	5	...	6	...	1	...	12	...
Boil	6	...	3	...	2	...	11	...
Whitlow	3	...	2	...	...	...	5	...
Corn	...	...	1	...	...	...	1	...
Ringworm	...	...	1	...	...	...	1	...
Poison :—								
Alcohol	...	...	1	...	...	...	1	...
Poisonous fish	...	...	1	...	...	...	1	...
Heat-apoplexy	1	1	...	...	...	1	1	2
Sunstroke	1	...	...	...	...	...	1	...
Burns and scalds	2	1	...	...	...	...	2	1
Contusions	6	...	1	...	3	...	10	...
Wounds	3	...	6	...	2	...	11	...
Sprains and strains	4	...	1	...	1	...	6	...
Dislocations	1	...	1	...	...	...	2	...
Fractures	1	...	1	...	2	...	4	...
Compression of the brain	...	...	...	...	1	1	1	1
No appreciable disease	1	...	...	...	...	...	1	...
Cause unknown	...	1	...	...	...	...	...	1
TOTAL	1,467	25	915	7	544	14	2,926	46

XIV.

DETAIL of the CAUSES of the ADMISSIONS and DEATHS of the CHILDREN of EUROPEAN REGIMENTS.

Children of the Army of Bengal—Strength . 3,063	Admission-rate per 1,000 . 620·3	Death-rate per 1,000 . 50·28
„ „ Madras „ . 1,405	„ „ . 1157·3	„ „ . 36·30
„ „ Bombay „ . 1,212	„ „ . 522·3	„ „ . 41·25
„ „ India „ . 5,680	„ „ . 732·2	„ „ . 44·89

CAUSES OF ADMISSION AND DEATH.	BENGAL.		MADRAS.		BOMBAY.		INDIA.	
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
Small-pox	...	...	...	...	1	...	1	...
Cow-pox	1	...	...	...	1	...	2	...
Chicken-pox	16	...	17	...	10	...	43	...
Measles	198	1	33	4	42	3	273	8
Epidemic rose rash	5	...	8	...	...	...	13	...
Scarlet fever	5	...	1	...	...	...	6	...
Dengue	1	...	...	...	6	...	7	...
Influenza	26	1	24	...	...	...	50	1
Whooping cough	16	1	22	...	6	...	44	1
Mumps	3	...	1	...	...	...	4	...
Diphtheria	1	1	...	...	...	...	1	1
Simple continued fever	78	1	81	...	39	1	198	2
Enteric fever	8	3	3	1	1	...	12	4
Dysentery	44	5	31	...	7	2	82	7
Ague	301	2	238	1	175	1	714	4
Remittent fever	28	5	8	1	6	2	42	8
Malarial cachexia	8	1	1	...	2	...	11	1
Erysipelas	2	...	...	...	...	...	2	...
Secondary syphilis	8	1	...	...	...	...	8	1
Tænia solium	8	...	9	...	...	...	17	...
Ascaris lumbricoides	4	...	35	...	...	...	39	...
Oxyuris vermicularis	1	...	3	...	1	...	5	...
Oidium albicans	3	...	1	...	...	...	4	...
Immaturity at birth	13	11	4	4	1	1	18	16
Fissure of spinal column	1	...	...	...	...	...	1	...
Phimosis, congenital	3	...	...	...	...	...	3	...
Talipes equino-varus	...	...	1	...	...	...	1	...
Foramen ovale persistent	...	...	1	1	...	...	1	1
Debility	132	8	44	1	75	8	251	17
Rheumatism	1	...	...	...	...	...	1	...
Lipoma	...	...	2	...	...	...	2	...
Warts of penis	...	...	1	...	...	...	1	...
Tubercle of the meninges and brain	4	2	...	...	...	...	4	2
„ of the peritoneum	...	...	1	...	...	...	1	...
„ of the mesenteric glands	5	2	1	...	...	...	6	2
„ of the intestines	3	3	...	...	...	...	3	3
„ of knee joint	...	...	1	...	...	...	1	...
Scrofula	8	1	3	1	...	...	11	2
Rickets	4	...	...	...	...	...	4	...
Anæmia	11	...	20	1	3	1	34	2
Chronic Hydrocephalus	1	...	...	...	...	...	1	...
Inflammation of the brain and its membranes	1	1	...	...	...	...	1	1
„ „ cerebral membranes	7	6	...	...	2	2	9	8
Myelitis	1	...	...	...	...	...	1	...
Eclampsia	1	...	...	...	...	...	1	...
Infantile convulsions	23	16	13	6	17	14	53	36
Laryngismus stridulus	...	...	1	...	...	...	1	...
Spasm of muscles	1	...	...	...	...	...	1	...
Neuralgia	1	...	...	...	...	...	1	...
Epilepsy	5	2	...	...	...	...	5	2
Chorea	2	...	...	...	...	...	2	...
Conjunctivitis	130	...	252	...	46	...	428	...
Keratitis	2	...	...	...	...	...	2	...
Ulcer of cornea	1	...	...	...	...	...	1	...
Blepharitis	1	...	1	...	...	...	2	...
Stye	...	...	1	...	1	...	2	...
Inflammation of the external meatus	8	...	9	...	...	...	17	...
Abscess „ „ „	...	...	1	...	2	...	3	...
Accumulation of wax in the „	1	...	...	...	...	...	1	...
Inflammation of tympanum	1	...	...	...	...	...	1	...
Nasal catarrh	2	...	...	...	...	...	2	...
Necrosis of nasal bones	1	...	...	...	...	...	1	...
Valvular disease of the heart	...	...	1	...	...	...	1	...
Croup	3	1	3	...	1	...	7	1
Bronchitis	233	18	298	6	48	2	579	26
Spasmodic asthma	...	...	4	...	...	...	4	...
Pneumonia	15	4	8	3	2	...	25	7
Pleurisy	1	...	...	...	...	...	1	...
Stomatitis	5	...	2	...	1	...	8	...
Teething	97	8	95	5	51	5	243	18
„ convulsions	3	3	...	...	...	...	3	3
„ diarrhœa	1	2	...	...	...	...	1	2
Inflammation of the dental periosteum	...	...	1	...	1	...	2	...
Abscess „ „ „	1	...	2	...	...	...	3	...
Hypertrophy of tonsils	1	...	...	...	...	...	1	...
Sorethroat	24	...	17	...	5	...	46	...
Quinsy	2	1	1	...	...	...	3	1
Follicular tonsillitis	10	...	8	...	1	...	19	...
Sloughing sorethroat	...	...	...	...	1	1	1	1
Inflammation of the stomach	5	2	11	1	...	...	16	3
Ulcer „ „	...	...	1	1	...	...	1	1
Dyspepsia	8	...	...	...	3	...	11	...
Inflammation of the intestines, catarrhal	5	2	118	11	...	...	123	13
Enteritis	2	2	6	2	1	...	9	4
Hernia	2	...	4	...	1	...	7	...
Diarrhœa	172	26	25	...	42	7	239	33
Constipation	3	...	1	...	...	...	4	...
Colic	4	...	...	...	...	...	4	...
Prolapsus of the rectum and anus	1	...	3	...	...	...	4	...
Congestion of the liver	2	...	3	...	...	...	5	...
Hepatitis	2	...	...	...	...	...	2	...
Jaundice	1	...	2	...	2	...	5	...
Perforation of gall-bladder	...	...	1	1	...	...	1	1

CAUSES OF ADMISSION AND DEATH.	BENGAL.		MADRAS.		BOMBAY.		INDIA.	
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
Induration and enlargement of spleen from ague	1	...	1	...	...	...	2	...
Hypertrophy of the lymph glands	...	...	1	...	...	...	1	...
Inflammation of the lymph vessels	1	...	...	...	...	...	1	...
,, of the lymph glands	7	...	6	...	...	...	13	...
Calculus in the bladder	1	1	...	...	...	...	1	1
Irritability of the ,,	1	...	...	...	...	...	1	...
Retention of urine	...	...	1	...	...	...	1	...
Incontinence of urine	2	...	2	...	...	...	4	...
Phimosis	...	...	1	...	...	...	1	...
Hydrocele	1	...	...	...	...	...	1	...
Inflammation of the vagina	...	...	1	...	...	...	1	...
,, of the vulva	...	...	1	...	...	...	1	...
Necrosis	...	...	...	...	1	...	1	...
Synovitis	3	...	1	...	...	...	4	...
Angular curvature of the spine	1	...	...	...	...	...	1	...
Inflammation of the connective tissue	2	...	5	...	...	...	7	...
Abscess ,, ,,	17	...	12	...	3	...	32	...
Erythema	2	...	...	...	...	...	2	...
Roseola	...	...	...	...	1	...	1	...
Eczema	15	...	37	...	7	...	59	...
Impetigo	6	...	...	...	...	...	6	...
Lichen	1	...	...	...	...	...	1	...
Psoriasis	1	...	...	...	...	..	1	...
Zona	...	...	1	...	...	...	1	...
Ulcer	2	...	4	..	1	...	7	..
Boil	27	1	17	...	3	...	47	1
Whitlow	1	...	1	...	...	...	2	...
Ringworm	12	...	4	...	...	...	16	...
Itch	...	...	3	...	...	...	3	...
Poison, green neem fruits	1	...	...	...	...	...	1	...
,, oleander seeds	...	1	...	...	...	...	...	1
Burns and scalds	12	3	4	...	3	...	19	3
Heat-apoplexy	2	2	...	...	...	...	2	2
Asphyxia from submersion	...	1	...	...	...	...	...	1
,, ,, overlying	...	1	...	...	...	...	...	1
Abrasion	1	...	...	...	...	...	1	...
Contusions	5	...	10	...	3	...	18	...
Wounds	16	...	13	...	1	...	30	...
Scalp-wound	...	...	2	...	...	...	2	...
Sprains and strains	...	...	3	...	1	...	4	...
Dislocations	4	...	...	...	...	...	4	...
Separation of epiphyses	1	...	...	...	2	...	3	...
Fractures	6	...	5	...	3	...	14	...
Green stick fracture	3	...	...	...	...	...	3	...
Concussion of the brain	2	1	...	...	...	...	2	1
Foreign body in the external meatus	...	...	1	...	...	...	1	...
,, ,, ,, stomach	...	...	1	...	...	...	1	...
TOTAL	1,900	154	1,626	51	633	50	4,159	255

ROYAL COLLEGE OF SURGEONS OF ENGLAND
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2.—NATIVE ARMY OF INDIA, 1894.

NATIVE TROOPS, 1894.

I.

TABLE showing the SICKNESS and MORTALITY among the NATIVE TROOPS of the ARMY of INDIA during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Injuries.	Suicide.	All other Causes.
January	140,885	4,564	32·4	200	15·70	2	...	...	6	14	...	...	...	1	4	8	90	23	6	1	...	...	...	2	3	3	10	...	27
February	140,510	4,254	30·3	110	10·21	1	...	...	7	12	...	1	...	1	4	4	31	10	3	...	...	...	2	1	1	2	20	1	9
March	133,762	3,437	25·7	109	10·62	2	...	2	6	11	...	1	...	...	3	11	28	12	2	2	...	...	1	2	...	2	9	2	13
April	120,677	3,178	26·3	87	9·40	...	1	...	7	9	2	1	3	1	4	3	15	9	5	1	...	3	...	1	1	2	5	3	11
May	116,646	3,212	27·5	102	9·12	22	...	..	3	19	...	...	2	2	2	8	14	5	8	...	1	...	...	...	...	1	5	1	9
June	116,283	3,054	26·3	74	8·30	4	...	2	4	11	...	...	1	2	4	7	7	4	3	3	2	...	...	3	...	3	7	2	5
July	116,563	3,198	27·4	81	7·25	19	...	1	2	16	2	1	2	2	3	5	6	2	2	1	1	...	...	...	...	3	3	2	8
August	117,750	3,832	32·5	71	7·86	12	...	1	4	12	...	...	1	3	5	2	5	1	7	1	...	...	1	1	...	...	4	2	9
September	120,423	4,506	37·4	76	8·23	5	...	...	2	16	1	...	2	4	1	4	4	5	6	5	...	...	2	...	1	4	1	5	8
October	132,294	5,038	38·1	114	8·99	2	...	...	10	22	...	2	...	2	...	6	20	5	10	2	...	...	1	5	1	5	6	2	13
November	138,536	5,195	37·5	155	14·58	1	...	...	11	25	...	...	...	1	3	1	52	10	7	3	2	1	1	1	...	5	26	...	5
December	139,801	4,416	31·6	197	16·59	1	...	...	12	17	1	...	1	2	9	2	95	11	6	2	2	...	2	1	...	8	6	...	19
						* 71	1	6	* 74	† 184	6	6	‡ 12	§ 21	‖ 42	§ 61	§ 367	97	§ 65	21	‡‡ 8	4	10	17	7	§ 38	¶ 102	** 20	†† 136
						Died per 1,000 of the Average Strength.																							
For the Year	127,844	3,990	31·2	§§ 1,376	10·76	·56	·01	·05	·58	1·44	·05	·05	·09	·16	·33	·48	2·87	·76	·51	·16	·06	·03	·08	·13	·05	·30	·80	·16	1·06
						Composition of 100 Deaths.																							
						5·2	·1	·4	5·4	13·4	·4	·4	·9	1·5	3·1	4·4	26·7	7·0	4·7	1·5	·6	·3	·7	1·2	·5	2·8	7·4	1·5	9·9

* Four out of hospital. † Two out of hospital. ‡ Three out of hospital. § One out of hospital. ‖ Eight out of hospital
¶ Seventy-eight out of hospital. ** Fifteen out of hospital. †† Twelve out of hospital, seven rheumatic fever and twenty-one influenza.
‡‡ One associated with dysentery. §§ Including absent deaths . . . 1,956 = 13·59. See Table XXIX.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	159	203	232	384	143	11	5	...	1	1	5	11	1,155	9·0	1·01	1·67
Cholera	1	4	1	1	35	10	30	21	7	2	3	1	116	·9	·10	56·78
Small-pox	11	6	12	12	4	3	1	2	1	5	8	8	73	·6	·06	1·35
Enteric Fever	...	2	5	5	4	6	4	5	1	1	...	...	33	·3	·03	18·18
Intermittent Fever	3,412	2,312	2,006	1,985	2,896	2,197	3,124	4,205	6,896	9,710	5,994	3,384	48,121	376·4	41·96	·14
Remittent Fever	89	95	78	117	163	144	208	204	208	264	146	145	1,861	14·6	1·62	9·45
Simple Continued Fever	80	69	78	93	172	161	99	120	364	205	84	59	1,584	12·4	1·38	·37
Other Fevers	279	53	58	53	85	28	20	20	8	16	12	19	651	5·1	·57	·85
Heat-stroke	...	...	...	3	4	2	...	5	2	1	1	...	18	·1	·02	50·00
Nervous Diseases	92	76	70	76	75	56	55	67	66	87	67	64	851†	6·7	·74	2·21
Circulatory Diseases	14	14	17	15	11	11	12	16	9	15	16	15	165	1·3	·14	19·32
Tubercle of the lungs	21	14	17	22	15	11	13	16	9	18	16	12	184‡	1·4	·16	28·57
Pneumonia	327	188	132	91	73	36	49	29	29	117	236	343	1,650	12·9	1·44	19·47
Other Respiratory Diseases	1,304	756	415	280	241	143	223	181	255	338	443	524	5,103	39·9	4·45	1·75
Tonsillitis and Sorethroat	61	58	32	22	32	30	23	25	28	37	42	37	427	3·3	·37	...
Dysentery	346	312	285	361	501	377	615	588	455	665	570	522	5,597	43·8	4·88	1·11
Diarrhœa	87	49	63	70	127	95	149	156	147	210	132	117	1,402	11·0	1·22	1·47
Hepatic Abscess	...	1	...	...	3	1	...	...	...	2	2	...	9	·1	·01	80·00
Hepatic Congestion and Inflammation	12	10	6	15	9	10	8	8	8	15	15	8	124	1·0	·11	2·94
Spleen Diseases	94	66	43	52	53	39	69	76	89	196	161	128	1,066	8·3	·93	·88
Urinary Diseases	13	14	10	7	14	7	9	8	6	16	14	18	136	1·1	·12	11·18
Scurvy	67	44	37	23	27	29	28	31	26	53	33	30	428	3·3	·37	1·58
Acute and Chronic Rheumatism	317	213	186	166	221	163	227	193	198	283	243	277	2,687§	21·0	2·34	
Venereal Diseases	470	394	291	287	356	279	325	286	309	404	372	357	4,130	32·3	3·60	
Eye Diseases	231	169	207	209	328	215	338	324	298	349	211	171	3,050	23·9	2·66	
Guinea Worm	6	11	23	45	53	63	112	75	60	31	15	5	499	3·9	·44	
Other Entozoa	9	2	4	2	5	20	5	5	6	4	3	3	68	·5	·06	
Diseases of the Integuments	1,611	1,243	806	803	1,126	955	1,671	1,510	1,315	1,839	1,408	1,443	15,730	123·0	13·72	
Injuries	1,012	835	670	710	866	642	841	672	651	927	879	904	9,609	75·2	8·38	
All other Causes	847	648	508	566	728	623	727	578	566	904	760	702	8,157	63·8	7·11	
	10,972	7,861	6,292	6,475	8,370	6,367	8,990	9,426	12,018	16,715	11,891	9,307	114,684			1·05
	Admitted per 1,000 per annum.															
	861·4	729·3	613·2	699·4	748·3	713·8	804·3	1,043·5	1,300·9	1,317·6	1,118·9	783·8	897·1			

* Excluding deaths out of hospital. † Neuralgia 456=3·6. ‡ Phthisis pulmonalis 310=2·4. § Rheumatic fever 49=·4.

NATIVE TROOPS, 1894.

II.

TABLE showing the SICKNESS and MORTALITY among the NATIVE TROOPS of the BENGAL ARMY during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death. Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Injuries.	Suicide.	All other Causes.
January	73,617	2,552	34·7	136	20·43	...	...	...	4	9	...	...	...	...	3	6	64	15	2	1	...	...	...	1	2	2	7	...	20
February	73,884	2,291	31·0	62	10·94	1	...	...	4	6	...	1	...	1	2	4	16	4	...	...	...	...	2	...	1	...	16	...	4
March	68,976	1,701	24·7	51	9·64	...	...	...	2	5	...	...	...	...	2	10	14	5	...	1	...	...	1	...	...	1	4	1	5
April	62,342	1,495	24·0	34	7·11	...	...	...	1	7	...	...	2	...	1	2	6	3	1	...	...	2	...	...	...	2	2	3	2
May	58,737	1,520	25·9	52	9·23	5	...	...	2	14	...	...	1	...	2	4	8	3	5	...	1	...	...	...	...	1	3	1	2
June	58,464	1,411	24·1	44	9·81	...	...	2	2	8	...	...	1	1	2	7	3	2	1	1	...	...	...	3	...	1	3	2	5
July	58,093	1,624	28·0	36	6·46	3	...	1	1	12	1	...	2	...	1	5	4	2	1	1	...	...	...	...	...	...	2	...	...
August	58,768	2,051	34·9	32	7·10	5	...	1	2	8	...	...	1	1	2	2	2	...	2	1	...	...	1	1	...	...	1	1	1
September	59,919	2,506	41·8	36	7·83	2	...	...	1	10	...	...	2	1	...	3	2	1	2	...	...	...	2	...	...	1	...	3	6
October	67,503	2,952	43·7	54	8·34	...	...	...	6	11	...	...	...	1	...	4	9	1	6	2	...	...	...	...	1	1	4	1	7
November	72,072	2,982	41·4	110	19·90	1	...	...	6	17	...	...	...	1	...	1	45	5	5	1	...	1	1	...	...	...	26	...	...
December	72,982	2,555	35·0	139	22·42	...	...	...	6	13	1	...	1	1	3	2	84	6	2	1	...	...	1	1	...	5	5	...	7
						17	...	4	37*	120	2	1	10*	7**	18†	50**	257**	47	27	9	1‡‡	3	8	6	4	14	73‡	12††	59¶
						Died per 1,000 of the Average Strength.																							
For the Year	65,446	2,137	32·6	786§	12·01	·26	...	·06	·57	1·83	·03	·02	·15	·11	·28	·76	3·93	·72	·41	·14	·02	·05	·12	·09	·06	·21	1·12	·18	·90
						Composition of 100 Deaths.																							
						2·2	...	·5	4·7	15·3	·3	·1	1·3	·9	2·3	6·4	32·7	6·0	3·4	1·1	·1	·4	1·0	·8	·5	1·8	9·3	1·5	7·5

* Two out of hospital. ** One out of hospital. † Three out of hospital. ‡ Fifty-eight out of hospital. †† Eight out of hospital.
¶ Seven out of hospital, six rheumatic fever and twelve influenza. ‡‡ Associated with dysentery.
§ Including absent deaths . 1,113 = 14·89. See Table XXIX.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month. Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.	Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
Influenza	118	79	64	57	72	6	3	...	...	...	...	3	402	6·1	·66	2·39
Cholera	...	2	...	1	8	...	8	10	3	...	3	...	35	·5	·06	45·95
Small-pox	2	1	...	...	1	1	1	1	...	1	6	4	18	·3	·03	...
Enteric Fever	...	2	2	4	3	4	2	4	1	1	...	...	23	·4	·04	17·39
Intermittent Fever	1,655	996	760	780	1,121	877	1,569	2,601	4,519	6,338	3,384	1,756	26,356	402·7	43·14	·13
Remittent Fever	53	68	42	80	109	99	120	104	102	157	103	76	1,113	17·0	1·82	10·33
Simple Continued Fever	22	20	23	41	75	45	8	16	9	18	11	6	294	4·5	·48	·68
Other Fevers	35	10	19	35	64	14	10	4	2	...	4	7	204	3·1	·33	·46
Heat-stroke	...	...	...	2	1	2	...	5	1	1	1	...	13	·2	·02	61·54
Nervous Diseases	43	30	34	35	39	22	26	29	30	41	30	32	391†	6·0	·64	1·44
Circulatory Diseases	6	5	5	1	2	3	4	8	2	6	6	6	54	·8	·09	26·32
Tubercle of the lungs	18	13	15	18	11	8	11	12	7	11	12	10	146‡	2·2	·24	29·52
Pneumonia	233	110	68	38	38	12	26	15	11	66	165	269	1,051	16·1	1·72	20·90
Other Respiratory Diseases	941	520	248	163	124	73	95	76	106	160	252	341	3,099	47·4	5·07	1·37
Tonsillitis and Sorethroat	28	34	14	13	18	19	11	14	11	22	25	19	228	3·5	·37	...
Dysentery	154	139	88	178	272	177	268	314	279	470	404	324	3,067	46·9	5·02	·86
Diarrhœa	48	32	32	33	51	33	78	68	48	103	56	54	636	9·7	1·04	1·38
Hepatic { Abscess	...	1	...	...	1	...	...	...	...	...	...	...	2	...	...	50·00
Hepatic { Congestion and Inflammation	4	4	2	6	3	5	5	5	6	6	5	3	54	·8	·09	4·92
Spleen Diseases	64	46	28	34	22	24	35	45	56	165	118	96	733	11·2	1·20	1·02
Urinary Diseases	5	6	6	3	8	5	6	2	3	9	5	5	63	1·0	·10	9·09
Scurvy	47	39	22	11	17	17	15	10	8	34	19	18	257	3·9	·42	1·52
Acute and Chronic Rheumatism	144	91	84	61	83	59	121	64	80	146	122	145	1,200§	18·3	1·96	
Venereal Diseases	235	200	141	138	148	107	157	122	135	199	200	155	1,937	29·6	3·17	
Eye Diseases	92	57	78	101	188	113	180	148	117	159	94	82	1,409	21·5	2·31	
Guinea Worm	2	1	2	6	7	28	48	45	34	17	5	1	196	3·0	·32	
Other Entozoa	4	2	2	1	1	1	3	4	4	1	2	2	27	·4	·04	
Diseases of the Integuments	866	687	415	410	604	488	1,002	913	765	1,071	807	826	8,854	135·3	14·49	
Injuries	563	450	375	384	476	339	464	369	346	535	527	577	5,405	82·6	8·85	
All other Causes	383	292	226	262	314	256	308	234	248	461	442	403	3,829	58·5	6·27	
	5,765	3,937	2,795	2,896	3,881	2,837	4,584	5,242	6,933	10,198	6,808	5,220	61,096			1·11
	Admitted per 1,000 per annum.															
	866·2	694·6	528·2	605·6	689·1	632·6	822·9	1,162·8	1,508·3	1,575·5	1,231·4	842·1		933·5		

* Excluding deaths out of hospital. † Neuralgia 274 = 4·2. ‡ Phthisis pulmonalis 202 = 3·1. § Rheumatic fever 17 = ·3

III.

TABLE showing the SICKNESS and MORTALITY among the NATIVE TROOPS composing the CENTRAL INDIA and RAJPUTANA CORPS during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Injuries.	Suicide.	All other Causes.
January	5,767	110	19·1	4	7·67	...	...	...	...	1	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1
February	5,629	118	21·0	2	4·63	...	...	...	...	1	...	...	...	...	1	..	...	...	...	...	...	...	...	...	...	...	...	...	...
March	5,134	75	14·6	7	17·77	...	...	...	...	2	...	...	...	...	..	...	3	2	...	...	...	...	...	...	...	...	...	...	...
April	4,650	85	18·3	5	14·02	...	1	...	1	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	1	...	...
May	4,591	81	17·6	4	9·09	...	...	...	...	1	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...	...	...	...
June	4,658	61	13·1	3	8·40	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...
July	4,592	71	15·5	2	4·54	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
August	4,609	87	18·9	3	8·48	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...
September	4,687	117	25·0	3	8·34	...	...	...	...	1	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...
October	5,278	154	29·2	1	1·98	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
November	5,764	142	24·6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
December	5,706	108	18·9	2	4·13	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
						1	1	...	1	7	...	...	...	1	3*	1	8	6	1	...	...	...	...	...	...	1	3†	...	2†
						Died per 1,000 of the Average Strength.																							
For the Year	5,089	101	19·8	36§	7·07	·20	·20	...	·20	1·38	...	...	...	·20	·59	·20	1·57	1·18	·20	...	...	...	...	...	...	·20	·59	...	·39
						Composition of 100 Deaths.																							
						2·8	2·8	...	2·8	19·4	...	...	...	2·8	8·3	2·8	22·2	16·7	2·8	...	...	...	...	...	...	2·8	8·3	...	5·6

* Two out of hospital. † One out of hospital.
§ Including absent deaths . 50= 8·48. See Table XXIX.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	33	6	6	17	1	...	...	...	...	...	...	...	63	12·4	1·81	...
Cholera	...	...	...	...	...	...	1	...	...	...	...	...	1	·2	·03	100·00
Small-pox	...	...	3	...	...	1	...	...	...	...	...	...	4	·8	·12	25·00
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Intermittent Fever	114	101	80	70	66	37	66	96	162	362	150	89	1,393	273·7	40·05	·07
Remittent Fever	6	1	9	7	4	...	6	7	10	15	4	10	79	15·5	2·27	8·86
Simple Continued Fever	...	1	1	1	4	4	5	1	18	24	8	...	67	13·2	1·93	...
Other Fevers	2	1	...	3	1	2	1	...	...	...	...	...	10	2·0	·29	...
Heat-stroke	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nervous Diseases	4	6	4	4	2	4	2	4	3	4	6	4	47†	9·2	1·35	2·13
Circulatory Diseases	...	1	...	1	1	1	...	1	1	...	1	...	7	1·4	·20	14·29
Tubercle of the lungs	...	...	...	...	1	...	...	...	...	...	...	...	1‡	·2	·03	10·00
Pneumonia	4	6	11	3	6	2	1	1	4	1	5	9	53	10·4	1·52	13·79
Other Respiratory Diseases	31	27	21	18	7	2	8	3	10	4	19	17	167	32·8	4·80	3·31
Tonsillitis and Sorethroat	2	1	2	...	1	...	...	1	...	2	1	...	10	2·0	·29	...
Dysentery	1	2	2	3	5	4	6	9	3	6	3	13	57	11·2	1·64	1·75
Diarrhœa	2	1	...	1	2	5	5	10	6	6	1	2	41	8·1	1·18	...
Hepatic Abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Congestion and Inflammation	1	...	...	...	1	...	1	1	...	...	...	...	4	·8	·12	...
Spleen Diseases	4	3	1	...	1	3	1	4	5	4	9	2	37	7·3	1·06	...
Urinary Diseases	2	...	1	...	1	...	1	2	...	...	1	1	9	1·8	·26	...
Scurvy	...	...	...	...	...	...	...	...	...	1	...	...	1	·2	·03	...
Acute and Chronic Rheumatism	20	15	3	8	8	7	11	11	11	9	9	12	124§	24·4	3·57	
Venereal Diseases	5	5	1	4	3	7	6	7	7	9	7	8	69	13·6	1·98	
Eye Diseases	16	20	15	20	19	10	20	26	13	19	9	9	196	38·5	5·64	
Guinea Worm	1	1	5	22	25	16	20	6	9	3	3	...	111	21·8	3·19	
Other Entozoa	...	...	...	...	...	...	...	...	...	...	1	...	1	·2	·03	
Diseases of the Integuments	50	36	27	21	22	20	36	30	46	48	43	42	421	82·7	12·10	
Injuries	49	29	16	23	22	11	34	18	26	39	21	21	309	60·7	8·88	
All other Causes	13	16	10	11	15	7	16	16	23	33	19	17	196	38·5	5·64	
	360	279	218	237	218	143	247	254	357	589	320	256	3,478			:90
	Admitted per 1,000 per annum.															
	690·4	646·1	553·5	664·4	495·2	400·2	560·9	718·4	992·9	1,163·8	723·7	528·2	683·4			

* Excluding deaths out of hospital. † Neuralgia 27=5·3. ‡ Phthisis pulmonalis 9=1·8. §Rheumatic fever 1=·2.

NATIVE TROOPS, 1894.

IV.

TABLE showing the SICKNESS and MORTALITY among the NATIVE TROOPS of the MADRAS ARMY during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Injuries.	Suicide.	All other Causes.
January .	28,086	856	30·5	22	8·66	2	...	...	...	1	...	...	...	1	1	1	4	2	3	...	...	...	...	...	...	...	2	...	5
February .	27,824	837	30·1	22	10·31	...	...	...	1	2	...	...	...	...	...	...	6	1	3	...	...	...	...	1	...	1	2	1	4
March. .	27,404	793	28·9	24	11·42	...	...	...	2	1	...	1	...	...	1	...	2	3	2	...	...	...	...	2	...	1	2	1	6
April . .	25,835	809	31·3	23	11·61	...	...	...	2	...	1	1	1	1	2	...	3	2	2	...	...	1	...	1	...	...	2	...	4
May . .	25,143	808	32·1	11	4·56	...	...	...	...	1	...	...	...	2	...	2	2	1	1	...	...	...	...	...	...	...	1	...	1
June . .	24,957	776	31·1	14	7·31	...	...	...	2	1	...	...	...	...	2	...	2	1	1	1	1	...	...	...	...	...	3	...	...
July . .	25,196	715	28·4	24	9·93	11	...	...	1	1	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	3	...	...	5
August .	25,765	761	29·5	20	10·12	6	...	...	1	...	...	...	...	1	1	...	1	1	2	...	...	...	...	...	...	...	...	1	6
September .	26,386	791	30·0	23	11·36	3	...	...	...	3	...	..	...	2	1	1	1	1	2	5	...	...	...	...	...	2	...	2	...
October .	27,155	782	28·8	25	9·60	1	...	...	3	1	...	...	...	1	...	2	3	1	2	...	...	...	1	3	...	1	1	1	4
November .	27,520	881	32·0	24	11·37	...	...	...	2	4	...	...	...	...	3	...	2	2	...	2	...	...	...	...	...	5	...	...	4
December .	28,264	803	28·4	30	12·50	1	...	...	1	2	...	...	...	1	2	...	2	3	3	1	1	...	1	...	...	3	...	...	9
						24*	...	...	15*	17	2	2	1*	9	14†	6	29	18	21*	9	2	1	2	7	...	16*	13‡	6**	48††
						Died per 1,000 of the Average Strength.																							
For the Year	26,628	801	30·1	262§	9·84	·90	...	...	·56	·64	·08	·08	·04	·34	·53	·23	1·09	·68	·79	·34	·08	·04	·08	·26	...	·60	·49	·23	1·80
						Composition of 100 Deaths.																							
						9·2	...	...	5·7	6·5	·8	·8	·4	3·4	5·3	2·3	11·1	6·9	8·0	3·4	·8	·4	·8	2·7	...	6·1	5·0	2·3	18·3

* One out of hospital. ** Out of hospital. † Three out of hospital. ‡ Nine out of hospital. †† Four out of hospital, and one influenza.
§ Including absent deaths . 383 = 13·17. See Table XXIX.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza. . . .	...	8	87	32	2	...	2	...	...	...	...	...	131	4·9	·73	·76
Cholera	1	1	1	...	1	...	16	10	4	1	...	1	36	1·4	·20	63·89
Small-pox . . .	8	4	1	7	1	...	...	...	...	1	...	1	23	·9	·13	...
Enteric Fever . . .	...	...	...	...	...	...	...	1	...	...	...	...	1	...	·01	...
Intermittent Fever . .	542	358	398	359	530	401	546	389	489	596	612	512	5,732	215·3	31·74	·24
Remittent Fever . .	6	9	5	5	11	19	31	24	49	38	10	23	230	8·6	1·27	7·17
Simple Continued Fever .	27	15	31	25	64	56	48	41	28	61	52	33	481	18·1	2·66	·40
Other Fevers . . .	24	17	16	7	11	8	2	5	4	6	4	5	109	4·1	·60	1·79
Heat-stroke . . .	...	...	...	1	...	...	...	...	1	...	...	...	2	·1	·01	...
Nervous Diseases . .	18	12	18	13	16	14	8	14	14	17	13	13	170†	6·4	·94	4·86
Circulatory Diseases. .	5	3	8	8	5	6	6	1	1	3	5	3	54	2·0	·30	18·64
Tubercle of the lungs .	...	...	1	4	1	2	1	2	1	2	1	1	16‡	·6	·09	30·00
Pneumonia . . .	27	28	16	20	11	9	6	6	9	13	13	15	173	6·5	·96	15·34
Other Respiratory Diseases	99	74	57	38	47	29	40	38	51	77	52	57	659	24·7	3·65	2·56
Tonsillitis and Sorethroat	3	4	5	2	3	6	2	1	4	2	4	5	41	1·5	·23	...
Dysentery . . .	92	85	94	96	125	104	109	68	59	75	73	71	1,051	39·5	5·82	1·84
Diarrhœa . . .	11	5	15	15	47	24	17	15	37	37	43	32	298	11·2	1·65	3·00
Hepatic Abscess . .	...	...	...	...	1	...	...	...	...	...	1	...	2	·1	·01	66·67
Hepatic Congestion and Inflammation .	3	1	2	3	1	1	...	1	...	2	4	4	22	·8	·12	3·85
Spleen Diseases . .	7	4	6	12	10	5	14	14	14	5	6	6	103	3·9	·57	1·83
Urinary Diseases . .	3	4	2	2	1	1	...	2	1	3	3	5	27	1·0	·15	21·21
Scurvy	...	...	...	1	...	1	1	...	...	1	...	1	5	·2	·03	...
Acute and Chronic Rheumatism	82	54	64	60	71	59	58	59	51	47	60	64	729§	27·4	4·04	
Venereal Diseases . .	98	93	71	73	96	81	79	66	93	90	84	88	1,012	38·0	5·60	
Eye Diseases . . .	52	47	56	45	66	54	66	88	80	71	58	36	719	27·0	3·98	
Guinea Worm . .	...	...	2	1	5	2	1	1	1	1	3	...	17	·6	·09	
Other Entozoa . .	3	...	...	1	4	18	1	...	...	1	...	1	29	1·1	·16	
Diseases of the Integuments	312	214	158	160	232	177	233	222	200	255	249	278	2,690	101·0	14·89	
Injuries . . .	138	117	95	123	132	114	122	110	95	136	134	97	1,413	53·1	7·82	
All other Causes . .	181	160	108	146	206	206	220	193	150	206	167	144	2,087	78·4	11·55	
	1,742	1,317	1,317	1,259	1,700	1,397	1,629	1,371	1,436	1,747	1,651	1,496	18,062			1·25
	Admitted per 1,000 per annum.															
	686·0	617·0	626·5	635·3	705·1	729·7	674·2	693·7	709·4	670·9	782·0	623·2	678·3			

* Excluding deaths out of hospital. † Neuralgia 39 = 1·5. ‡ Phthisis pulmonalis 37 = 1·4. § Rheumatic fever 15 = ·6.

V.

TABLE showing the SICKNESS and MORTALITY among the NATIVE TROOPS of the BOMBAY ARMY during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death. Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Injuries.	Suicide.	All other Causes.
January .	25,830	883	34·2	36	15·42	...	...	...	2	3	...	...	...	...	...	1	21	5	1	...	...	...	...	1	1	1	...	...	...
February .	25,648	839	32·7	22	11·18	...	...	...	2	2	...	...	...	...	1	...	9	4	...	...	...	...	...	...	...	1	2	...	1
March . .	24,818	702	28·3	21	11·03	2	...	2	1	3	...	...	...	...	...	1	7	2	...	...	...	...	...	...	...	...	2	...	1
April . .	21,596	635	29·4	23	13·88	...	...	...	3	...	1	...	...	...	...	1	6	3	2	1	...	...	...	...	1	...	...	...	5
May . .	22,010	670	30·4	30	14·21	15	...	...	1	3	...	...	1	...	...	1	2	...	2	...	...	...	...	...	...	...	1	...	4
June . .	21,973	704	32·0	11	6·53	2	...	...	...	2	...	...	...	...	..	...	1	1	1	1	1	...	...	...	...	1	1	...	...
July . .	22,314	686	30·7	14	6·54	1	...	...	...	2	...	1	...	2	...	...	1	...	1	...	1	...	...	...	...	...	...	2	3
August .	21,979	783	35·6	11	6·52	...	...	...	...	3	...	...	...	...	2	...	2	...	2	...	...	...	...	...	...	...	2	...	...
September .	22,720	949	41·8	13	7·46	...	...	...	1	2	...	...	...	1	...	...	...	2	2	...	...	...	...	...	1	1	1	...	2
October .	24,962	999	40·0	33	13·79	1	...	...	1	10	...	2	...	...	...	...	8	3	2	...	...	...	...	1	...	3	...	...	2
November .	25,800	1,021	39·6	19	9·60	...	...	...	3	3	...	...	...	...	...	...	4	3	2	...	2	...	...	1	...	...	...	...	1
December .	25,439	805	31·6	22	10·18	...	...	...	5	2	...	...	...	...	3	...	7	2	...	...	1	...	...	...	...	...	...	...	2
						21*	...	2	19†	35‡	1	3	1	3	6	4	68	25	15	2	5	...	...	3	3	7	9§	2†	21‖
						Died per 1,000 of the Average Strength.																							
For the Year	23,757	806	33·9	¶ 255	10·73	·88	...	·08	·80	1·47	·04	·13	·04	·13	·25	·17	2·86	1·05	·63	·08	·21	...	...	·13	·13	·29	·38	·08	·88
						Composition of 100 Deaths.																							
						8·2	...	·8	7·5	13·7	·4	1·2	·4	1·2	2·4	1·6	26·7	9·8	5·9	·8	2·0	...	...	1·2	1·2	2·7	3·5	·8	8·2

* Three out of hospital. † One out of hospital. ‡ Two out of hospital. § Out of hospital.
‖ Eight Influenza. ¶ Including absent deaths . . . 352 = 13·19. See Table XXIX.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza . . .	8	94	16	228	51	3	...	...	1	1	5	8	415	17·5	1·50	1·91
Cholera	...	...	...	...	24	6	2	...	...	1	...	...	33	1·4	·12	54·55
Small-pox . . .	1	1	3	3	2	1	...	1	1	3	2	3	21	·9	·08	...
Enteric Fever . . .	...	...	3	1	1	2	2	...	...	...	...	...	9	·4	·03	22·22
Intermittent Fever . .	930	678	561	625	1,056	820	827	991	1,557	2,152	1,612	849	12,658	532·8	45·61	·14
Remittent Fever . .	14	15	15	19	32	24	46	56	43	46	18	24	352	14·8	1·27	9·22
Simple Continued Fever .	21	19	17	21	26	54	34	60	308	93	10	15	678	28·5	2·44	·15
Other Fevers . . .	214	20	18	3	5	4	7	11	2	10	4	5	303	12·8	1·09	·89
Heat-stroke . . .	...	...	...	...	2	...	...	...	...	...	...	...	2	·1	·01	50·00
Nervous Diseases . .	22	26	14	23	18	15	19	15	18	21	18	15	224†	9·4	·81	1·28
Circulatory Diseases .	1	5	4	5	3	1	2	6	5	5	3	5	45	1·9	·16	12·50
Tubercle of the lungs .	3	1	1	...	2	1	1	2	1	3	3	1	19‡	·8	·07	20·00
Pneumonia . . .	55	30	26	24	12	12	13	6	5	35	45	48	311	13·1	1·12	20·00
Other Respiratory Diseases	221	127	83	54	56	36	74	58	77	93	110	102	1,091	45·9	3·93	2·19
Tonsillitis and Sorethroat	25	19	11	6	10	5	8	8	12	10	10	12	136	5·7	·49	...
Dysentery . . .	93	78	93	79	92	83	212	173	105	111	83	101	1,303	54·8	4·69	1·12
Diarrhœa	25	10	14	20	23	33	48	61	54	61	32	29	410	17·3	1·48	·48
Hepatic Abscess . .	...	...	...	...	1	1	...	...	...	2	1	...	5	·2	·02	100·00
Hepatic Congestion and Inflammation .	4	5	2	6	4	4	2	1	2	7	6	1	44	1·9	·16	...
Spleen Diseases . .	19	13	7	6	18	7	18	11	14	20	28	24	185	7·8	·67	...
Urinary Diseases . .	3	4	1	2	3	1	2	2	2	3	5	7	35	1·5	·13	7·32
Scurvy	20	4	14	11	10	11	12	21	17	17	14	11	162	6·8	·58	1·79
Acute and Chronic Rheumatism . . .	64	45	32	34	50	35	35	41	46	70	45	50	547§	23·0	1·97	
Venereal Diseases . .	115	89	70	63	98	76	75	81	65	84	69	92	977	41·1	3·52	
Eye Diseases . . .	59	29	49	34	49	32	64	48	71	84	42	37	598	25·2	2·15	
Guinea Worm . . .	3	7	14	14	15	16	36	21	13	9	4	4	156	6·6	·56	
Other Entozoa . .	1	...	2	...	...	1	1	1	2	2	...	...	10	·4	.04	
Diseases of the Integuments	331	248	173	170	222	245	339	291	257	403	258	243	3,180	133·9	11·46	
Injuries	217	188	158	137	205	146	185	139	156	174	157	167	2,029	85·4	7·31	
All other Causes . .	228	155	139	131	174	142	167	118	128	192	118	125	1,817	76·5	6·55	
	2,697	1,910	1,540	1,719	2,264	1,817	2,231	2,223	2,962	3,712	2,702	1,978	27,755			·84
	Admitted per 1,000 per annum.															
	1154·9	970·8	808·9	1037·6	1072·7	1078·0	1042·7	1318·5	1699·5	1550·8	1365·2	915·5	1168·3			

* Excluding deaths out of hospital. † Neuralgia 107=4·5. ‡ Phthisis pulmonalis 58=2·4. § Rheumatic fever 12=·5.

NATIVE TROOPS, 1894.

VI.

TABLE showing the SICKNESS and MORTALITY among the NATIVE TROOPS composing the HYDERABAD CONTINGENT during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Injuries.	Suicide.	All other Causes.
January	7,585	163	21·5	2	2·92	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
February	7,525	169	22·5	2	3·46	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
March	7,430	166	22·3	6	10·53	...	...	...	1	...	...	...	...	...	...	...	2	...	...	1	...	...	...	...	...	...	1	...	1
April	6,254	154	24·6	2	4·17	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
May	6,165	133	21·6	5	8·46	2	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2
June	6,231	102	16·4	2	4·18	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
July	6,368	102	16·0	5	8·19	3	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
August	6,629	150	22·6	5	9·83	1	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
September	6,711	143	21·3	1	1·94	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
October	7,396	151	20·4	1	1·41	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
November	7,380	169	22·9	2	3·53	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
December	7,410	145	19·6	4	6·36	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	1	...	...
						8	...	...	2	5	1	...	...	1	1	...	5	1	1	1	...	...	...	1	...	...	4*	...	6†
						Died per 1,000 of the Average Strength.																							
For the Year	6,924	146	21·0	37§	5·34	1·16	...	...	·29	·72	·14	...	..	·14	·14	...	·72	·14	·14	·14	...	...	...	·14	...	...	·58	...	·87
						Composition of 100 Deaths.																							
						21·6	...	...	5·4	13·5	2·7	...	...	2·7	2·7	...	13·5	2·7	2·7	2·7	...	...	...	2·7	...	...	10·8	...	16·2

* One out of hospital. † One Rheumatic fever.
§ Including absent deaths. . . 58= 7·69. See Table XXIX.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	...	16	59	50	17	2	...	...	...	...	...	...	144	20·8	3·35	...
Cholera	...	1	...	...	2	4	3	1	...	...	...	...	11	1·6	·26	72·73
Small-pox	...	...	5	2	...	...	...	...	...	...	...	...	7	1·0	·16	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Intermittent Fever	171	179	207	151	123	62	116	128	169	262	236	178	1,982	286·3	46·17	·10
Remittent Fever	10	2	7	6	7	2	5	13	4	8	11	12	87	12·6	2·03	5·56
Simple Continued Fever	10	14	6	5	3	2	4	2	1	9	3	5	64	9·2	1·49	1 52
Other Fevers	4	5	5	5	4	...	...	...	...	...	...	2	25	3·6	·58	...
Heat-stroke	...	...	...	...	1	...	...	...	...	...	...	...	1	·1	·02	...
Nervous Diseases	5	2	...	1	...	1	...	5	1	4	...	...	19†	2·7	·44	5·00
Circulatory Diseases	2	...	...	...	...	...	...	...	...	1	1	1	5	·7	·12	20·00
Tubercle of the lungs	...	...	...	...	...	...	...	...	...	2	...	...	2‡	·3	·05	...
Pneumonia	8	14	11	6	6	1	3	1	...	2	8	2	62	9·0	1·44	7·35
Other Respiratory Diseases	12	8	6	7	7	3	6	6	11	4	10	7	87	12·6	2·03	·98
Tonsillitis and Sorethroat	3	...	...	1	...	...	2	1	1	1	2	1	12	1·7	·28	...
Dysentery	6	8	8	5	7	9	20	24	9	3	7	13	119	17·2	2·77	·83
Diarrhœa	1	1	2	1	4	...	1	2	2	3	...	...	17	2·5	·40	5·56
Hepatic Abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Congestion and Inflammation	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Spleen Diseases	...	...	1	...	2	...	1	2	...	2	...	...	8	1·2	·19	...
Urinary Diseases	...	...	...	...	1	...	...	...	...	1	...	...	2	·3	·05	50·00
Scurvy	...	1	1	...	...	...	...	...	1	...	...	...	3	·4	·07	...
Acute and Chronic Rheumatism	7	8	3	3	9	3	2	18	10	11	7	6	87§	12·6	2·03	
Venereal Diseases	17	7	8	9	11	8	8	10	9	22	12	14	135	19·5	3·14	
Eye Diseases	12	16	9	9	6	6	8	14	17	16	8	7	128	18·5	2·98	
Guinea Worm	...	2	...	2	1	1	7	2	3	1	...	...	19	2·7	·44	
Other Entozoa	1	...	...	...	...	...	...	...	...	...	...	...	1	·1	·02	
Diseases of the Integuments	52	58	33	42	46	25	61	54	47	62	51	54	585	84·5	13·63	
Injuries	45	51	26	43	31	32	36	36	28	43	40	42	453	65·4	10·55	
All other Causes	42	25	25	16	19	12	16	17	17	12	14	13	228	32·9	5·31	
	408	418	422	364	307	173	299	336	330	469	410	357	4,293			·81
	Admitted per 1,000 per annum.															
	595·0	724·1	740·4	758·7	519·3	361·9	489·7	660·7	641·0	661·3	724·2	567·3	620·0			

* Excluding deaths out of hospital. † Neuralgia 9=1·3. ‡ Phthisis pulmonalis 4=·6. § Rheumatic fever 4=·6.

NATIVE TROOPS, 1894.

VII.

COMPARATIVE STATEMENT of THE RATIOS of SICKNESS and MORTALITY in the VARIOUS CORPS of the ARMY of INDIA.

	Ratio per 1,000 of Strength.					
	Army of Bengal.	Central India and Rajputana Corps.	Army of Madras.	Army of Bombay.	Hyderabad Contingent.	Army of India.
I.—Average Annual Strength Present	65,446	5,089	26,628	23,757	6,924	127,844
II.—Average Constantly-sick-rate of—						
January	34·7	19·1	30·5	34·2	21·5	32·4
February	31·0	21·0	30·1	32·7	22·5	30·3
March	24·7	14·6	28·9	28·3	22·3	25·7
April	24·0	18·3	31·3	29·4	24·6	26·3
May	25·9	17·6	32·1	30·4	21·6	27·5
June	24·1	13·1	31·1	32·0	16·4	26·3
July	28·0	15·5	28·4	30·7	16·0	27·4
August	34·9	18·9	29·5	35·6	22·6	32·5
September	41·8	25·0	30·0	41·8	21·3	37·4
October	43·7	29·2	28·8	40·0	20·4	38·1
November	41·4	24·6	32·0	39·6	22·9	37·5
December	35·0	18·9	28·4	31·6	19·6	31·6
Of the Year	32·6	19·8	30·1	33·9	21·0	31·2
III.—Admission-rate of the Year—						
Influenza	6·1	12·4	4·9	17·5	20·8	9·0
Cholera	·5	·2	1·4	1·4	1·6	·9
Small-pox	·3	·8	·9	·9	1·0	·6
Enteric Fever	·4	...	...	·4	...	·3
Intermittent Fever	402·7	273·7	215·3	532·8	286·3	376·4
Remittent Fever	17·0	15·5	8·6	14·8	12·6	14·6
Simple Continued Fever	4·5	13·2	18·1	28·5	9·2	12·4
Other Fevers	3·1	2·0	4·1	12·8	3·6	5·1
Heat-stroke	·2	...	·1	·1	·1	·1
Nervous Diseases	6·0	9·2	6·4	9·4	2·7	6·7
Circulatory Diseases	·8	1·4	2·0	1·9	·7	1·3
Tubercle of the lungs	2·2	·2	·6	·8	·3	1·4
Pneumonia	16·1	10·4	6·5	13·1	9·0	12·9
Other Respiratory Diseases	47·4	32·8	24·7	45·9	12·6	39·9
Tonsillitis and Sorethroat	3·5	2·0	1·5	5·7	1·7	3·3
Dysentery	46·9	11·2	39·5	54·8	17·2	43·8
Diarrhœa	9·7	8·1	11·2	17·3	2·5	11·0
Hepatic Abscess	...	...	·1	·2	...	·1
Hepatic Congestion and Inflammation	·8	·8	·8	1·9	...	1·0
Spleen Diseases	11·2	7·3	3·9	7·8	1·2	8·3
Urinary Diseases	1·0	1·8	1·0	1·5	·3	1·1
Scurvy	3·9	·2	·2	6·8	·4	3·3
Acute and Chronic Rheumatism	18·3	24·4	27·4	23·0	12·6	21·0
Venereal Diseases	29·6	13·6	38·0	41·1	19·5	32·3
Eye Diseases	21·5	38·5	27·0	25·2	18·5	23·9
Guinea Worm	3·0	21·8	·6	6·6	2·7	3·9
Other Entozoa	·4	·2	1·1	·4	·1	·5
Diseases of the Integuments	135·3	82·7	101·0	133·9	84·5	123·0
Injuries	82·6	60·7	53·1	85·4	65·4	75·2
All other Causes	58·5	38·5	78·4	76·5	32·9	63·8
All Causes	933·5	683·4	678·3	1,168·3	620·0	897·1
IV.—Death-rate of the Year—						
Cholera	·26	·20	·90	·88	1·16	·56
Small-pox	...	·20	...	...	...	·01
Enteric Fever	·06	...	...	·08	...	·05
Intermittent Fever	·57	·20	·56	·80	·29	·58
Remittent Fever	1·83	1·38	·64	1·47	·72	1·44
Simple Continued Fever	·03	...	·08	·04	·14	·05
Other Fevers	·02	...	·08	·13	...	·05
Heat-stroke	·15	...	·04	·04	...	·09
Nervous Diseases	·11	·20	·34	·13	·14	·16
Circulatory Diseases	·28	·59	·53	·25	·14	·33
Tubercle of the lungs	·76	·20	·23	·17	...	·48
Pneumonia	3·93	1·57	1·09	2·86	·72	2·87
Other Respiratory Diseases	·72	1·18	·68	1·05	·14	·76
Dysentery	·41	·20	·79	·63	·14	·51
Diarrhœa	·14	...	·34	·08	·14	·16
Hepatic Abscess	·02	...	·08	·21	...	·06
Hepatic Congestion and Inflammation	·05	...	·04	...	...	·03
Spleen Diseases	·12	...	·08	...	...	·08
Urinary Diseases	·09	...	·26	·13	·14	·13
Scurvy	·06	...	...	·13	...	·05
Anæmia and Debility	·21	·20	·60	·29	...	·30
Injuries	1·12	·59	·49	·38	·58	·80
Suicide	·18	...	·23	·08	...	·16
All other Causes	·90	·39	1·80	·88	·87	1·06
All Causes	12·01	7·07	9·84	10·73	5·34	10·76
	Died out of each 100 cases treated.					
V.—Fatality—						
Cholera	45·95	100·00	63·89	54·55	72·73	56·78
Enteric Fever	17·39	...	...	22·22	...	18·18
Remittent Fever	10·33	8·86	7·17	9·22	5·56	9·45
Tubercle of the lungs	29·52	100·00	30·00	20·00	...	28·57
Pneumonia	20·90	13·79	15·34	20·00	7·35	19·47
Other Respiratory Diseases	1·37	3·31	2·56	2·19	·98	1·75
Dysentery	·86	1·75	1·84	1·12	·83	1·11
Hepatic Abscess	50·00	...	66·67	100·00	...	80·00
Hepatic Congestion and Inflammation	4·92	...	3·85	...	...	2·94

NATIVE TROOPS, 1894.

VIII.

TABLE showing the SICKNESS and MORTALITY among the NATIVE TROOPS serving in the BURMA COAST and BAY ISLANDS group of stations during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Injuries.	Suicide.	All other Causes.
January	2,117	83	39·2	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
February	2,133	70	32·8	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
March	2,106	67	31·8	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
April	2,018	96	47·6	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
May	2,048	92	44·9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
June	2,067	93	45·0	2	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
July	2,029	88	43·4	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
August	2,009	78	38·8	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
September	2,033	67	33·0	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...
October	2,127	55	25·9	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
November	2,164	68	31·4	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
December	2,204	75	34·0	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
						...	...	...	1	...	...	...	...	1	...	...	2	...	2	...	...	...	...	...	...	5	1*	1*	9
						Died per 1,000 of the Average Strength.																							
For the Year	2,088	78	37·2	22	10·54	...	...	...	·48	...	...	...	...	·48	...	...	·96	...	·96	...	...	...	...	...	...	2·39	·48	·48	4·31
						Composition of 100 Deaths.																							
						...	...	...	4·5	...	...	...	...	4·5	...	...	9·1	...	9·1	...	...	...	...	...	...	22·7	4·5	4·5	40·9

* Out of hospital.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	2	...	...	...	...	...	...	...	...	2	1·0	·12	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Intermittent Fever	54	13	14	14	29	39	27	12	19	24	24	22	291	139·4	17·01	·34
Remittent Fever	2	2	...	...	...	...	2	...	2	...	...	2	10	4·8	·58	...
Simple Continued Fever	...	...	...	5	1	...	...	...	...	...	...	...	6	2·9	·35	...
Other Fevers	2	...	...	...	2	...	...	...	...	...	...	...	4	1·9	·23	...
Heat-stroke	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nervous Diseases	1	1	5	...	1	1	...	2	2	2	3	2	20†	9·6	1·17	4·55
Circulatory Diseases	...	2	4	3	...	3	2	...	...	1	...	1	16	7·7	·94	...
Tubercle of the lungs	...	...	...	1	...	...	...	...	...	..	...	...	1‡	·5	·06	...
Pneumonia	5	2	...	2	3	2	...	...	1	...	...	2	17	8·1	·99	10·53
Other Respiratory Diseases	9	11	5	5	4	4	4	1	5	4	6	7	65	31·1	3·80	...
Tonsillitis and Sorethroat	...	1	...	...	...	1	1	...	...	...	1	...	4	1·9	·23	...
Dysentery	14	12	6	17	32	28	11	4	6	7	11	7	155	74·2	9·06	1·28
Diarrhœa	...	...	...	...	...	...	...	1	3	4	...	2	10	4·8	·58	...
Hepatic: Abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic: Congestion and Inflammation	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Spleen Diseases	...	...	1	1	2	1	3	2	1	...	...	...	11	5·3	·64	...
Urinary Diseases	...	...	...	...	...	...	...	...	1	...	...	1	2	1·0	·12	...
Scurvy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute and Chronic Rheumatism	12	8	11	12	5	11	14	11	8	5	6	6	109§	52·2	6·37	
Venereal Diseases	14	19	8	13	15	11	11	13	12	4	6	11	137	65·6	8·01	
Eye Diseases	7	6	5	13	5	4	13	4	4	2	5	4	72	34·5	4·21	
Guinea Worm	...	...	...	...	...	...	...	...	...	...	1	...	1	·5	·06	
Other Entozoa	...	...	...	1	...	17	1	...	...	...	...	...	19	9·1	1·11	
Diseases of the Integuments	35	14	17	17	22	22	32	30	14	21	19	21	264	126·4	15·43	
Injuries	6	9	7	15	8	18	18	5	3	22	16	9	136	65·1	7·95	
All other Causes	17	12	18	30	47	52	52	32	28	29	23	19	359	171·9	20·98	
	178	112	101	151	176	214	191	117	109	125	121	116	1,711			1·12
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...		819·4		

* Excluding deaths out of hospital. † Neuralgia 2 = 1·0. ‡ Phthisis pulmonalis 4 = 1·9. § Rheumatic fever 1 = ·5.

NATIVE TROOPS, 1894.

IX.

TABLE showing the SICKNESS and MORTALITY among the NATIVE TROOPS serving in the BURMA INLAND group of stations during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	CAUSES OF DEATH.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Injuries.	Suicide.	All other Causes.
January	7,055	315	44·6	7	...	...	...	...	...	1	...	...	...	1	...	1	...	1	1	...	...	...	...	...	...	1	...	...	1
February	6,888	296	43·0	8	...	...	...	...	1	1	...	...	...	...	...	...	2	1	1	...	...	...	...	...	...	1	...	...	1
March	7,041	247	35·1	7	...	...	...	...	1	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	3
April	6,578	227	34·5	9	...	...	...	...	1	...	...	1	...	...	...	...	2	1	1	...	...	1	...	1	...	...	...	...	1
May	7,012	255	36·4	5	...	...	...	...	...	1	...	...	...	...	...	1	1	...	1	...	...	...	...	...	...	...	1	...	...
June	7,344	295	40·2	6	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	2	...	...
July	7,408	271	36·6	12	...	7	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	3
August	7,297	256	35·1	8	...	4	...	...	1	...	...	...	...	..	...	...	1	1	1	...	...	...	...	...	...	...	...	...	...
September	7,353	271	36·9	10	...	2	...	...	...	2	...	...	...	...	...	...	...	...	2	4	...	...	...	...	...	...	...	...	...
October	7,156	287	40·1	14	...	1	...	...	2	1	...	...	...	...	...	1	...	1	2	...	...	...	1	2	...	3	...	...	...
November	6,336	258	40·7	12	...	...	...	...	1	2	...	...	...	...	1	...	2	...	...	2	...	...	...	...	...	3	...	...	1
December	6,438	284	44·1	14	...	1	...	...	1	...	...	...	...	1	1	...	1	3	1	1	1	...	...	...	...	1	...	...	2
						15	...	...	8	10	...	1	...	2	2	3	10	8	13	8	2	1	1	3	...	10*	3†	...	12
						Died per 1,000 of the Average Strength.																							
For the Year	6,992	272	38·9	112	16·02	2·15	...	...	1·14	1·43	...	·14	...	·29	·29	·43	1·43	1·14	1·86	1·14	·29	·14	·14	·43	...	1·43	·43	...	1·72
						Composition of 100 Deaths.																							
						13·4	...	...	7·1	8·9	...	·9	...	1·8	1·8	2·7	8·9	7·1	11·6	7·1	1·8	·9	·9	2·7	...	8·9	2·7	...	10·7

* One out of hospital. † Two out of hospital.

CAUSES OF ADMISSION.	NUMBER OF ADMISSIONS INTO HOSPITAL IN EACH MONTH.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	9	7	4	...	...	1	21	3·0	·34	71·43
Small-pox	1	...	...	...	...	...	...	...	...	...	...	...	1	·1	·02	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Intermittent Fever	220	109	128	102	256	243	260	142	168	263	186	223	2,300	328·9	36·84	·33
Remittent Fever	3	2	2	1	5	3	3	13	11	9	2	2	56	8·0	·90	16·67
Simple Continued Fever	...	3	2	1	14	1	6	5	3	6	3	...	44	6·3	·70	...
Other Fevers	...	...	2	1	...	4	...	1	...	...	...	2	10	1·4	·16	10·00
Heat-stroke	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nervous Diseases	8	3	4	8	4	7	5	5	3	8	3	4	62	8·9	·99	3·17
Circulatory Diseases	3	...	1	1	...	2	...	...	...	...	3	...	10	1·4	·16	18·18
Tubercle of the lungs	...	...	...	2	...	...	...	1	...	1	2	...	6‡	·9	·10	37·50
Pneumonia	8	6	4	7	1	1	1	3	3	1	4	1	40	5·7	·64	22·73
Other Respiratory Diseases	53	28	27	15	23	15	31	20	25	39	22	34	332	4·75	5·32	2·29
Tonsillitis and Sore throat	4	2	2	...	1	2	...	1	3	...	...	1	16	2·3	·26	...
Dysentery	39	48	55	48	67	57	63	26	29	39	29	39	539	77·1	8·63	2·32
Diarrhœa	8	4	7	7	16	17	14	13	42	40	29	25	222	31·8	3·56	3·57
Hepatic Abscess	...	...	...	...	1	...	...	...	...	...	1	...	2	·3	·03	66·67
Hepatic Congestion and Inflammation	2	1	1	...	...	...	...	...	...	1	1	1	7	1·0	·11	9·09
Spleen Diseases	7	2	3	3	5	2	7	11	11	3	4	4	62	8·9	·99	1·52
Urinary Diseases	1	...	1	1	...	...	...	1	...	1	1	4	10	1·4	·16	21·43
Scurvy	...	...	...	1	...	1	1	...	...	...	...	1	4	·6	·06	...
Acute and Chronic Rheumatism	33	15	19	19	22	19	12	9	17	10	14	22	211§	30·2	3·38	
Venereal Diseases	23	24	21	11	28	26	22	11	15	20	18	11	230	32·9	3·68	
Eye Diseases	5	17	12	7	14	9	8	9	8	12	8	4	113	16·2	1·81	
Guinea Worm	...	...	...	...	...	...	...	1	1	1	1	...	4	·6	·06	
Other Entozoa	...	...	...	...	3	1	...	...	...	...	...	...	4	·6	·06	
Diseases of the Integuments	89	75	47	40	65	36	60	51	46	69	54	78	710	101·5	11·37	
Injuries	47	38	31	38	57	36	35	26	35	30	23	22	418	59·8	6·69	
All other Causes	61	46	43	44	80	85	102	72	67	86	67	57	810	115·8	12·97	
	615	423	412	357	662	567	639	428	491	639	475	536	6,244			1·66
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	893·0			

* Excluding deaths out of hospital. † Neuralgia 24=3·4. ‡ Phthisis pulmonalis 8=1·1. § Rheumatic fever 2=·3.

NATIVE TROOPS, 1894.

X.

TABLE showing the SICKNESS and MORTALITY among the NATIVE TROOPS serving in the ASSAM group of stations during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Injuries.	Suicide.	All other Causes.
January	2,894	128	44·2	3	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	1
February	2,746	107	39·0	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
March	2,744	101	36·8	4	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	1
April	2,475	98	39·6	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
May	2,418	103	42·6	3	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	...	...	...	...	...	...	...	...
June	2,377	113	47·5	5	...	...	...	...	...	...	...	...	...	...	2	1	...	...	1	...	...	...	...	1	...	...	...	...	...
July	2,329	128	55·0	4	...	...	...	...	...	...	...	...	...	...	1	1	1	1	...	...	...	...	...	...	...	...	...	...	...
August	2,442	122	50·0	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
September	2,377	108	45·4	3	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	1
October	2,309	105	45·5	3	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...
November	2,306	115	49·9	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
December	2,203	97	44·0	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
						...	...	...	1	...	...	...	...	...	3	5	6	1	2	2	1†	...	...	1	...	1	3*	...	3
						Died per 1,000 of the Average Strength.																							
For the Year	2,468	110	44·7	29	11·75	...	...	...	·41	...	...	...	...	...	1·22	2·03	2·43	·41	·81	·81	·41	...	...	·41	...	·41	1·22	...	1·22
						Composition of 100 Deaths.																							
						...	...	...	3·4	...	...	...	...	...	10·3	17·2	20·7	3·4	6·9	6·9	3·4	...	...	3·4	...	3·4	10·3	...	10·3

* Out of hospital. † Associated with dysentery.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	1	...	...	...	...	...	...	...	...	...	...	1	·4	·04	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	2	2	3	2	3	...	3	1	1	...	...	17	6·9	·68	...
Intermittent Fever	47	23	32	32	50	60	93	83	134	148	111	89	902	365·5	36·31	·11
Remittent Fever	...	2	...	...	...	1	...	...	...	4	1	...	8	3·2	·32	...
Simple Continued Fever	...	...	3	1	...	1	...	...	...	1	...	...	6	2·4	·24	...
Other Fevers	3	1	2	2	...	...	...	...	...	...	...	...	8	3·2	·32	...
Heat-stroke	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nervous Diseases	2	1	...	1	3	3	5	7	2	3	2	2	31†	12·6	1·25	...
Circulatory Diseases	1	...	...	...	...	1	1	1	...	...	...	...	4	1·6	·16	75·00
Tubercle of the lungs	...	...	...	3	1	...	...	...	...	...	1	...	5‡	2·0	·20	71·43
Pneumonia	7	3	2	1	3	1	2	2	...	3	1	2	27	10·9	1·09	20·00
Other Respiratory Diseases	17	10	13	5	12	11	24	17	17	14	6	11	157	63·6	6·32	·58
Tonsillitis and Sore throat	3	4	...	...	2	2	...	...	1	1	...	1	14	5·7	·56	...
Dysentery	3	11	8	11	18	16	17	8	19	44	17	14	186	75·4	7·49	1·00
Diarrhœa	7	4	6	9	7	2	10	8	...	9	9	2	73	29·6	2·94	2·67
Hepatic Abscess	...	1	...	...	...	...	...	...	...	...	...	...	1	·4	·04	100·00
Hepatic Congestion and Inflammation	...	2	...	1	...	...	...	1	...	...	...	...	4	1·6	·16	...
Spleen Diseases	...	...	...	1	2	...	1	8	...	2	...	...	14	5·7	·56	...
Urinary Diseases	...	...	1	...	...	...	...	...	...	...	...	...	1	·4	·04	100·00
Scurvy	1	...	...	...	...	1	...	...	...	...	...	...	2	·8	·08	...
Acute and Chronic Rheumatism	7	2	6	4	5	1	15	4	1	5	2	5	57	23·1	2·29	
Venereal Diseases	16	10	9	15	14	10	10	10	13	9	11	8	135	54·7	5·43	
Eye Diseases	4	4	1	6	20	12	12	6	1	7	3	6	82	33·2	3·30	
Guinea Worm	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Other Entozoa	...	...	...	...	...	...	...	1	1	...	...	...	2	·8	·08	
Diseases of the Integuments	33	32	21	33	35	29	34	27	14	25	18	20	321	130·1	12·92	
Injuries	24	10	20	24	28	21	19	15	12	22	20	26	241	97·6	9·70	
All other Causes	22	14	13	11	18	14	29	14	6	21	11	12	185	75·0	7·45	
	197	137	139	163	220	189	272	215	222	319	213	198	2,484			1·00
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	1,006·5			

* Excluding deaths out of hospital. † Neuralgia 29=11·8. ‡ Phthisis pulmonalis 12=4·9.

XI.

TABLE showing the SICKNESS and MORTALITY among the NATIVE TROOPS serving in the BENGAL and ORISSA group of stations during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	CAUSES OF DEATH.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Injuries.	Suicide.	All other Causes.
January	3,253	176	54·1	4	...	...	...	...	1	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...	...	...
February	3,091	140	45·3	3	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
March	2,821	96	34·0	6	...	...	...	...	2	...	...	...	...	...	...	2	...	...	...	1	...	...	...	1	...	...	...	...	...
April	2,444	80	32·7	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
May	2,473	73	29·5	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
June	2,560	68	26·6	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
July	2,613	88	33·7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
August	2,623	130	49·6	2	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
September	2,701	105	38·9	2	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
October	2,983	118	39·6	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
November	3,152	140	44·4	3	...	...	...	...	1	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...
December	3,222	146	45·3	4	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	...	1
						...	...	...	6	1	...	1	...	1	1	4	4	2	2	1	...	...	...	1	...	1	1*	...	2
						Died per 1,000 of the Average Strength.																							
For the Year	2,828	113	40·1	28	9·90	...	...	...	2·12	·35	...	·35	...	·35	·35	1·41	1·41	·71	·71	·35	...	...	...	·35	...	·35	·35	...	·71
						Composition of 100 Deaths.																							
						...	...	...	21·4	3·6	...	3·6	...	3·6	3·6	14·3	14·3	7·1	7·1	3·6	...	...	...	3·6	...	3·6	3·6	...	7·1

* Out of hospital.

CAUSES OF ADMISSION.	NUMBER OF ADMISSIONS INTO HOSPITAL IN EACH MONTH.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	...	...	...	...	...	...	...	...	...	...	...	3	3	1·1	·10	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Intermittent Fever	146	66	60	60	43	67	138	42	67	141	131	94	1,055	373·1	36·61	·55
Remittent Fever	3	2	...	...	4	2	8	8	2	4	...	...	33	11·7	1·15	3·03
Simple Continued Fever	...	...	1	3	...	...	1	...	...	1	...	...	6	2·1	·21	...
Other Fevers	1	1	...	...	...	...	...	...	...	...	...	1	3	1·1	·10	14·29
Heat-stroke	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nervous Diseases	2	1	3	...	...	1	1	1	1	2	5	...	17†	6·0	·59	5·26
Circulatory Diseases	1	1	...	...	...	...	...	2	...	...	...	...	4	1·4	·14	25·00
Tubercle of the lungs	2	...	1	1	...	1	...	...	...	...	2	...	7‡	2·5	·24	50·00
Pneumonia	2	...	1	1	1	1	1	...	1	...	...	2	10	3·5	·35	33·33
Other Respiratory Diseases	50	24	7	11	11	6	6	7	6	6	15	19	168	59·4	5·83	1·05
Tonsillitis and Sorethroat	2	3	3	1	...	...	...	...	...	1	...	...	10	3·5	·35	...
Dysentery	38	17	17	15	14	9	25	31	14	22	22	19	243	85·9	8·43	·76
Diarrhœa	11	3	1	...	1	3	6	1	4	11	3	3	47	16·6	1·63	2·00
Hepatic Abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Congestion and Inflammation	...	...	1	1	...	...	...	...	...	...	...	...	2	·7	·07	...
Spleen Diseases	7	3	4	3	1	...	...	1	...	3	2	3	27	9·5	·94	...
Urinary Diseases	1	1	...	...	...	...	...	...	...	1	...	...	3	1·1	·10	33·33
Scurvy	1	...	...	...	...	...	...	...	...	...	1	5	7	2·5	·24	...
Acute and Chronic Rheumatism	4	8	5	4	8	3	7	6	6	16	4	10	81	28·6	2·81	
Venereal Diseases	9	8	3	10	4	3	3	12	3	9	9	12	85	30·1	2·95	
Eye Diseases	...	1	3	3	2	...	2	2	1	8	...	1	23	8·1	·80	
Guinea Worm	...	...	2	1	1	8	12	13	9	3	1	...	50	17·7	1·73	
Other Entozoa	...	1	...	...	...	...	...	2	1	...	...	...	4	1·4	·14	
Diseases of the Integuments	52	33	15	16	21	19	56	96	31	69	73	78	559	197·7	19·40	
Injuries	17	22	19	17	17	6	19	13	11	14	17	18	190	67·2	6·59	
All other Causes	39	23	7	12	20	25	33	7	11	25	21	22	245	86·6	8·50	
	388	218	153	159	148	154	318	244	168	336	306	290	2,882			·89
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	1,019·1			

* Excluding deaths out of hospital.

† Neuralgia 10=3·5.

‡ Phthisis pulmonalis 7=2·5.

XII.

TABLE showing the SICKNESS and MORTALITY among the NATIVE TROOPS serving in the GANGETIC PLAIN and CHUTIA NAGPUR group of stations during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	CAUSES OF DEATH.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Injuries.	Suicide.	All other Causes.
January	8,183	212	25·9	4	...	...	...	...	...	1	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1
February	8,256	218	26·4	2	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
March	7,494	187	25·0	3	...	...	...	..	...	...	...	...	.	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	1
April	6,501	166	25·5	3	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...
May	6,293	161	25·6	10	...	5	...	...	1	1	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	1	...
June	5,988	122	20·4	3	...	...	...	...	1	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...
July	6,437	154	23·9	7	...	3	...	...	1	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...
August	6,444	161	25·0	6	...	4	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
September	6,221	189	30·4	6	...	2	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
October	7,372	253	34·3	8	...	...	...	...	2	...	...	...	...	...	...	1	...	...	4	...	...	...	...	...	...	...	...	...	1
November	7,404	265	35·8	6	...	...	...	...	...	1	...	...	...	1	...	...	1	1	1	...	...	1	...	...	..	...	...	...	...
December	7,204	174	24·2	5	...	...	...	...	...	2	...	...	...	...	..	...	1	...	...	...	...	...	...	...	...	...	...	...	2
						15	...	...	5	11	...	...	...	1	1	3	6	3	6	1	...	1	...	...	...	...	...	5*	5†
						Died per 1,000 of the Average Strength.																							
For the Year	6,983	189	27·0	63	9·02	2·15	...	...	·72	1·58	...	...	...	·14	·14	·43	·86	·43	·86	·14	...	·14	...	...	...	...	...	·72	·72
						Composition of 100 Deaths.																							
						23·8	...	...	7·9	17·5	...	...	...	1·6	1·6	4·8	9·5	4·8	9·5	1·6	...	1·6	...	...	...	...	...	7·9	7·9

* Three out of hospital. † Two rheumatic fever.

CAUSES OF ADMISSION.	NUMBER OF ADMISSIONS INTO HOSPITAL IN EACH MONTH.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	...	34	35	6	...	...	3	...	...	...	...	...	78	11·2	1·70	...
Cholera	...	1	...	1	8	...	7	9	3	...	...	...	29	4·2	·63	51·72
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...
Intermittent Fever	99	104	39	68	55	46	111	133	214	335	127	63	1,394	199·6	30·33	·35
Remittent Fever	5	23	5	10	10	3	13	14	16	14	4	...	117	16·8	2·55	9·09
Simple Continued Fever	...	9	5	1	7	3	...	...	...	8	...	...	33	4·7	·72	...
Other Fevers	1	2	6	13	13	1	3	1	2	...	2	...	44	6·3	·96	...
Heat-stroke	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nervous Diseases	8	3	6	7	5	2	2	4	5	9	6	4	61†	8·7	1·33	1·59
Circulatory Diseases	...	2	...	...	1	...	...	1	...	...	4	1	9	1·3	·20	11·11
Tubercle of the lungs	2	5	1	1	2	1	1	1	...	1	2	2	19‡	2·7	·41	13·64
Pneumonia	6	7	2	2	6	...	1	...	...	1	2	3	30	4·3	·65	19·35
Other Respiratory Diseases	53	24	23	10	6	4	11	10	7	14	25	15	202	28·9	4·40	1·37
Tonsillitis and Sore throat	...	...	...	1	...	4	2	...	...	1	3	...	11	1·6	·24	...
Dysentery	13	25	11	22	15	5	50	63	15	46	35	29	329	47·1	7·16	1·75
Diarrhœa	2	5	...	2	2	...	11	16	1	12	8	5	64	9·2	1·39	1·54
Hepatic { Abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic { Congestion and Inflammation	2	...	...	...	1	...	...	...	...	1	1	1	6	·9	·13	14·29
Spleen Diseases	1	3	2	3	2	1	1	1	2	10	1	3	30	4·3	·65	...
Urinary Diseases	1	...	...	...	...	...	...	1	...	2	...	1	5	·7	·11	...
Scurvy	...	...	1	...	...	...	1	...	...	1	...	...	3	·4	·07	...
Acute and Chronic Rheumatism	30	8	14	5	16	4	9	11	8	34	23	20	182§	26·1	3·96	
Venereal Diseases	17	12	9	13	11	7	11	5	10	17	15	5	132	18·9	2·87	
Eye Diseases	8	2	7	5	15	10	16	11	11	14	9	7	115	16·5	2·50	
Guinea Worm	...	...	...	...	...	...	1	1	1	2	2	...	7	1·0	·15	
Other Entozoa	...	1	...	...	1	...	...	...	1	...	1	...	4	·6	·09	
Diseases of the Integuments	78	66	63	25	51	34	84	49	55	108	76	46	735	105·3	15·99	
Injuries	69	40	41	31	51	32	39	40	30	50	71	31	525	75·2	11·42	
All other Causes	66	41	34	43	47	24	36	27	23	42	28	21	432	61·9	9·40	
	461	417	304	269	325	181	413	398	404	722	445	257	4,596			1·25
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	658·2			

* Excluding deaths out of hospital. † Neuralgia 44=6·3. ‡ Phthisis pulmonalis 23=3·3. § Rheumatic fever 2=·3.

XIII.

TABLE showing the SICKNESS and MORTALITY among the NATIVE TROOPS serving in the UPPER SUB-HIMALAYAN group of stations during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	CAUSES OF DEATH.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Injuries.	Suicide.	All other Causes.
January	19,620	640	32·6	39	...	...	...	...	...	4	...	...	...	...	1	4	19	5	...	...	...	...	...	...	...	...	1	...	5
February	20,467	570	27·8	9	...	...	...	...	2	1	...	...	...	...	1	...	2	1	...	...	...	...	1	...	...	...	1	...	...
March	18,617	370	19·9	11	...	...	...	...	...	2	...	...	...	...	...	3	2	1	..	...	...	...	...	...	...	...	1	...	2
April	16,709	361	21·6	11	...	...	...	...	1	2	...	...	...	...	...	1	2	2	1	..	...	...	...	...	...	1	...	...	1
May	15,181	357	23·5	10	...	...	...	...	...	1	...	...	1	...	...	2	3	1	1	...	...	...	...	...	...	...	...	...	1
June	15,099	310	20·5	10	...	...	...	...	...	3	...	...	1	1	...	1	1	...	...	1	...	...	...	...	...	...	...	...	2
July	14,302	348	24·3	5	...	...	...	...	...	1	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	...	...
August	14,431	450	31·2	8	...	...	...	...	...	...	...	...	1	1	1	1	2	...	1	...	...	...	...	...	...	...	...	...	1
September	14,814	568	38·3	9	...	...	...	...	...	3	...	...	2	...	...	...	...	...	1	...	...	...	1	...	...	...	...	1	1
October	15,847	639	40·3	13	...	...	...	...	...	4	...	...	...	1	...	...	1	...	1	1	...	...	...	...	1	1	...	1	2
November	14,030	641	45·7	24	...	...	...	...	...	9	...	...	...	...	...	...	10	2	...	...	...	...	...	...	...	...	3	...	...
December	13,538	549	40·6	27	...	...	...	...	...	4	1	...	...	1	1	2	15	1	...	...	...	...	...	...	...	1	...	...	1
						...	...	...	3	34	2	...	5	4	4	15	57	13	5	2	...	...	2	...	1	3	8*	2†	16‡
						Died per 1,000 of the Average Strength.																							
For the Year	16,055	484	30·1	176	10·96	...	...	...	·19	2·12	·12	...	·31	·25	·25	·93	3·55	·81	·31	·12	...	...	·12	...	·06	·19	·50	·12	1·00
						Composition of 100 Deaths.																							
						...	...	...	1·7	19·3	1·1	...	2·8	2·3	2·3	8·5	32·4	7·4	2·8	1·1	...	...	1·1	...	·6	1·7	4·5	1·1	9·1

* Five out of hospital. † Out of hospital. ‡ One out of hospital, two rheumatic fever, and two influenza.

CAUSES OF ADMISSION.	NUMBER OF ADMISSIONS INTO HOSPITAL IN EACH MONTH.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	5	17	...	13	1	...	...	...	...	...	...	...	36	2·2	·29	5·00
Cholera	...	...	...	...	...	...	1	...	...	...	...	...	1	·1	·01	...
Small-pox	1	...	...	...	...	...	...	...	...	...	...	...	1	·1	·01	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Intermittent Fever	337	205	134	141	197	108	273	618	1,030	1,282	422	207	4,954	308·6	39·74	·06
Remittent Fever	13	13	12	27	21	21	20	14	11	64	42	21	279	17·4	2·24	11·76
Simple Continued Fever	...	...	...	2	30	22	2	3	...	1	3	2	65	4·0	·52	3·08
Other Fevers	12	4	4	13	12	3	1	...	...	...	...	1	50	3·1	·40	...
Heat-stroke	...	...	...	...	1	1	...	1	1	1	...	...	5	·3	·04	100·00
Nervous Diseases	9	7	4	11	1	4	5	2	4	5	2	5	59†	3·7	·47	5·88
Circulatory Diseases	...	1	2	...	...	...	2	2	...	2	1	4	14	·9	·11	25·00
Tubercle of the lungs	7	1	3	5	4	2	3	7	2	6	3	5	48‡	3·0	·39	26·32
Pneumonia	52	17	15	5	7	4	9	2	2	11	30	46	200	12·5	1·60	24·05
Other Respiratory Diseases	221	105	55	43	28	13	13	8	16	22	35	49	608	37·9	4·88	1·79
Tonsillitis and Sorethroat	8	12	5	5	5	3	3	3	1	6	5	3	59	3·7	·47	...
Dysentery	23	20	14	41	54	28	31	48	59	115	81	30	544	33·9	4·36	·90
Diarrhœa	3	4	5	6	15	1	3	10	10	15	11	2	85	5·3	·68	2·30
Hepatic Abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Congestion and Inflammation	1	1	...	1	1	3	...	1	3	...	1	1	13	·8	·10	...
Spleen Diseases	20	19	6	3	5	2	5	5	10	30	21	13	139	8·7	1·11	1·37
Urinary Diseases	...	2	4	2	...	1	1	...	2	1	1	1	15	·9	·12	...
Scurvy	2	2	1	1	1	2	3	3	1	9	5	...	30	1·9	·24	3·23
Acute and Chronic Rheumatism	26	10	8	8	8	6	15	6	14	18	13	26	158§	9·8	1·27	
Venereal Diseases	85	72	38	36	31	27	37	29	30	48	28	28	489	30·5	3·92	
Eye Diseases	43	21	26	39	73	40	74	56	35	49	28	25	509	31·7	4·08	
Guinea Worm	1	...	...	2	2	2	11	7	5	3	2	...	35	2·2	·28	
Other Entozoa	1	...	1	...	...	1	...	...	...	...	...	...	3	·2	·02	
Diseases of the Integuments	233	187	87	123	172	122	239	234	223	273	184	157	2,234	139·1	17·92	
Injuries	116	109	73	98	101	67	103	86	80	98	88	67	1,086	67·6	8·71	
All other Causes	77	71	58	72	67	45	53	34	39	99	71	62	748	46·6	6·00	
	1,296	900	555	697	837	528	907	1,179	1,578	2,158	1,077	755	12,467			1·28
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	776·5			

* Excluding deaths out of hospital. † Neuralgia 40=2·5. ‡ Phthisis pulmonalis 64=4·0. § Rheumatic fever 4=·2.

XIV.

TABLE showing the SICKNESS and MORTALITY among the NATIVE TROOPS serving in the INDUS VALLEY and NORTH WESTERN RAJPUTANA group of stations during the Year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Injuries.	Suicide.	All other Causes.
January	17,540	746	42·5	54	...	...	...	...	...	4	...	...	...	...	...	1	28	11	1	1	...	...	...	...	1	...	3	...	4
February	18,578	691	37·2	25	...	...	...	...	...	5	...	...	...	...	1	2	14	3	...	...	...	...	...	...	...	...	...	...	...
March	16,933	473	27·9	20	...	...	...	1	...	2	...	...	...	...	2	2	10	2	...	...	...	...	...	...	...	...	1	...	...
April	14,937	346	23·2	11	...	...	...	...	...	2	...	...	1	...	...	...	3	2	...	...	...	...	...	...	...	...	1	1	1
May	14,411	363	25·2	10	...	...	...	...	1	5	...	...	...	...	1	...	...	1	1	...	...	...	...	...	...	...	1	...	...
June	14,373	377	26·2	6	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	2	...
July	14,366	414	28·8	12	...	...	...	1	...	6	...	...	2	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...
August	14,598	580	39·7	4	...	1	...	...	1	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
September	15,280	809	52·9	2	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
October	16,082	894	55·6	16	...	...	...	...	1	9	...	...	...	...	...	...	3	1	...	...	...	...	...	...	...	...	...	...	2
November	15,393	850	55·2	21	...	...	...	...	1	1	...	...	...	...	...	...	15	...	1	...	...	...	1	1	...	...	1	...	...
December	14,794	595	40·2	35	...	...	...	...	4	3	...	...	...	...	1	...	25	...	...	...	...	...	...	1	...	...	...	...	1
						1	...	3	8	40	...	...	3*	...	6*	5	102	20	3	1	...	...	1	3	1	1	7†	3‡	8§
						Died per 1,000 of the Average Strength.																							
For the Year	15,607	595	38·1	216	13·84	·06	...	·19	·51	2·56	...	...	·19	...	·38	·32	6·54	1·28	·19	·06	...	...	·06	·19	·06	·06	·45	·19	·51
						Composition of 100 Deaths.																							
						·5	...	1·4	3·7	18·5	...	...	1·4	...	2·8	2·3	47·2	9·3	1·4	·5	...	...	·5	1·4	·5	·5	3·2	1·4	3·7

* One out of hospital. † Four out of hospital. ‡ Out of hospital. § One rheumatic fever and four influenza.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	17	81	10	1	4	...	...	...	...	...	...	...	113	7·2	·58	2·84
Cholera	...	...	...	...	...	...	...	1	...	...	...	...	1	·1	·01	100·00
Small-pox	1	1	...	...	...	1	...	1	...	...	1	2	7	·4	·04	...
Enteric Fever	...	...	1	...	...	1	1	1	...	...	...	...	4	·3	·02	75·00
Intermittent Fever	532	331	207	201	332	284	337	790	1,711	2,621	1,644	553	9,543	611·5	48·91	·08
Remittent Fever	16	18	8	14	31	21	33	29	38	35	16	22	281	18·0	1·44	13·25
Simple Continued Fever	16	3	6	12	32	13	6	39	293	76	4	...	500	32·0	2·56	...
Other Fevers	5	1	4	3	2	5	4	2	...	...	...	...	26	1·7	·13	...
Heat-stroke	...	...	...	1	...	1	...	1	...	...	...	...	3	·2	·02	66·67
Nervous Diseases	11	9	12	10	16	7	6	9	12	9	9	7	117†	7·5	·60	...
Circulatory Diseases	1	2	2	1	1	1	1	5	2	2	...	1	19	1·2	·10	23·81
Tubercle of the lungs	2	2	3	4	1	...	4	1	2	3	1	1	24‡	1·5	·12	18·52
Pneumonia	114	67	39	17	8	5	9	5	5	18	48	99	434	27·8	2·22	19·07
Other Respiratory Diseases	420	229	88	64	38	19	20	16	25	40	62	74	1,095	70·2	5·61	1·65
Tonsillitis and Sorethroat	9	7	2	2	3	3	3	4	2	4	6	6	51	3·3	·26	...
Dysentery	42	36	14	30	65	30	36	58	82	79	94	77	643	41·2	3·30	·46
Diarrhœa	11	7	8	7	9	6	8	11	8	23	9	13	120	7·7	·62	·81
Hepatic Abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Congestion and Inflammation.	...	...	...	1	2	...	...	1	1	1	...	...	6	·4	·03	...
Spleen Diseases	19	14	14	12	8	11	20	25	13	73	61	41	311	19·9	1·59	·30
Urinary Diseases	2	4	1	1	4	2	2	...	2	4	4	3	29	1·9	·15	9·38
Scurvy	7	2	13	6	3	4	5	4	5	16	5	9	79	5·1	·40	1·27
Acute and Chronic Rheumatism	40	30	21	14	22	20	20	19	23	29	34	26	298§	19·1	1·53	
Venereal Diseases	33	48	26	25	31	25	32	24	27	38	29	30	368	23·6	1·89	
Eye Diseases	17	14	24	24	47	19	32	31	32	40	24	11	315	20·2	1·61	
Guinea Worm	...	...	...	2	1	12	15	16	13	6	...	1	66	4·2	·34	
Other Entozoa	1	...	...	...	...	...	...	...	1	...	...	1	3	·2	·02	
Diseases of the Integuments	269	220	118	126	211	193	377	368	285	301	186	161	2,815	180·4	14·43	
Injuries	133	151	91	99	119	65	114	103	74	136	90	89	1,264	81·0	6·48	
All other Causes	94	79	49	54	87	73	70	66	78	126	113	88	977	62·6	5·01	
	1,812	1,356	761	731	1,077	821	1,155	1,630	2,734	3,680	2,440	1,315	19,512			1·02
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	..	...	1,250·2			

* Excluding deaths out of hospital. † Neuralgia 78 = 5·0. ‡ Phthisis pulmonalis 37 = 2·4. § Rheumatic fever 4 = ·3.

XV.

TABLE showing the SICKNESS and MORTALITY among the NATIVE TROOPS serving in the S. E. RAJPUTANA, CENTRAL INDIA and GUJARAT group of stations during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death. Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Injuries.	Suicide.	All other Causes.
January	14,190	381	26·8	8	...	...	...	...	...	1	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	3
February	13,933	373	26·8	4	...	...	...	...	...	1	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	1	...	...
March	13,111	303	23·1	9	...	...	...	...	1	2	...	...	...	...	...	1	3	2	...	...	...	...	...	...	...	...	...	...	...
April	12,029	313	26·0	16	...	...	1	...	1	...	...	...	1	...	1	...	...	2	1	...	...	1	...	...	1	...	2	...	5
May	12,011	277	23·1	11	...	...	...	...	1	2	...	...	...	...	...	2	2	1	1	...	...	...	...	...	...	...	...	...	2
June	12,170	242	19·9	6	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	1	...	1	1	...	1
July	12,349	272	22·0	6	...	1	...	...	...	1	...	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1
August	11,923	344	28·9	5	...	...	...	...	...	2	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	1	...	...
September	12,579	453	36·0	7	...	...	...	...	...	1	...	...	...	...	...	...	1	3	1	...	...	...	...	...	1	...	...	...	...
October	14,022	595	42·4	5	...	...	...	...	...	1	...	2	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...
November	14,268	556	39·0	5	...	...	...	...	2	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	1
December	14,319	385	26·9	7	...	...	..	...	1	1	...	...	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	2
						1	1	...	6	12	...	3	2*	2	3†	3	13	11	5	...	1	1	...	1	2	1	6‡	...	15§
						Died per 1,000 of the Average Strength.																							
For the Year	13,075	375	28·6	89	6·81	·08	·08	...	·46	·92	...	·23	·15	·15	·23	·23	·99	·84	·38	...	·08	·08	...	·08	·15	·08	·46	...	1·15
						Composition of 100 Deaths.																							
						1·1	1·1	...	6·7	13·5	...	3·4	2·2	2·2	3·4	3·4	14·6	12·4	5·6	...	1·1	1·1	...	1·1	2·2	1·1	6·7	...	16·9

* One out of hospital. † Two out of hospital. ‡ Three out of hospital. § One out of hospital, and seven influenza.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month. Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.	Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
Influenza	33	6	31	255	53	3	...	...	...	...	...	...	381	29·1	2·98	1·84
Cholera	...	...	...	...	...	1	2	...	...	...	...	...	3	·2	·02	33·33
Small-pox	...	1	6	2	1	1	...	...	...	...	...	1	12	·9	·09	8·33
Enteric Fever	...	...	1	...	...	...	...	...	...	...	...	...	1	·1	·01	...
Intermittent Fever	366	245	227	231	216	165	245	374	784	1,558	886	469	5,766	441·0	45·15	·10
Remittent Fever	8	2	9	10	10	6	10	13	14	25	7	12	126	9·6	·99	9·45
Simple Continued Fever	2	3	1	2	5	5	5	1	20	24	8	1	77	5·9	·60	...
Other Fevers	3	4	4	4	6	5	1	...	2	9	1	...	39	3·0	·31	7·69
Heat-stroke	...	...	...	1	1	...	...	...	...	...	...	...	2	·2	·02	50·00
Nervous Diseases	12	9	10	8	8	9	8	11	9	10	14	8	116†	8·9	·91	1·65
Circulatory Diseases	1	2	...	2	1	1	...	3	3	1	2	...	16	1·2	·13	6·25
Tubercle of the lungs	1	1	2	1	2	...	...	1	...	...	1	...	9‡	·7	·07	33·33
Pneumonia	20	14	17	7	10	3	3	2	7	6	18	19	126	9·6	·99	9·42
Other Respiratory Diseases	132	70	54	34	25	14	38	26	40	29	63	52	577	44·1	4·52	1·79
Tonsillitis and Sorethroat	5	6	3	2	4	2	5	4	6	8	2	4	51	3·9	·40	...
Dysentery	17	10	10	26	22	21	50	42	23	33	28	26	308	23·6	2·41	1·60
Diarrhœa	5	2	2	11	9	13	23	26	12	13	16	12	144	11·0	1·13	...
Hepatic Abscess	...	...	...	...	...	...	...	...	...	1	...	...	1	·1	·01	100·00
Hepatic Congestion and Inflammation	1	1	...	1	1	1	4	2	1	3	3	...	18	1·4	·14	5·56
Spleen Diseases	10	5	2	4	4	6	7	8	6	14	23	11	100	7·6	·78	...
Urinary Diseases	2	3	1	...	1	2	2	2	...	2	1	5	21	1·6	·16	4·35
Scurvy	1	2	...	2	4	4	5	17	6	8	6	1	56	4·3	·44	3·51
Acute and Chronic Rheumatism	37	26	10	13	16	20	23	27	31	33	25	34	295§	22·6	2·31	
Venereal Diseases	42	33	22	32	51	33	33	35	37	38	25	43	424	32·4	3·32	
Eye Diseases	45	35	36	36	38	27	51	51	42	65	25	30	481	36·8	3·77	
Guinea Worm	2	5	12	26	31	24	32	16	14	5	5	...	172	13·2	1·35	
Other Entozoa	...	...	1	...	...	...	...	...	1	...	1	1	4	·3	·03	
Diseases of the Integuments	222	159	117	110	120	93	196	175	162	230	151	161	1,896	145·0	14·85	
Injuries	106	90	67	63	66	47	94	69	87	96	74	77	936	71·6	7·33	
All other Causes	52	42	38	44	49	35	41	45	58	108	57	43	612	46·8	4·79	
	1,125	776	683	927	754	541	878	950	1,365	2,319	1,442	1,010	12,770			·63
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...		976·7		

* Excluding deaths out of hospital. † Neuralgia 63 = 4·8. ‡ Phthisis pulmonalis 27 = 2·1. § Rheumatic fever 9=·7.

NATIVE TROOPS, 1894.

XVI.

TABLE showing the SICKNESS and MORTALITY among the NATIVE TROOPS serving in the DECCAN group of stations during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Injuries.	Suicide.	All other Causes.
January	22,137	560	25·3	9	...	...	...	...	...	1	...	...	...	...	...	...	2	1	1	...	...	...	...	...	...	...	2	...	2
February	21,098	559	26·5	7	...	...	...	...	...	1	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	1	2
March	20,325	564	27·7	15	...	...	...	...	2	2	...	1	...	...	...	...	3	...	...	1	...	...	...	...	...	1	2	...	3
April	18,569	562	30·3	9	...	...	...	...	1	3	...	...	...	1	...	...	3	...	...	1	...	...	...	...	...	...	...	...	...
May	18,539	555	29·9	22	...	16	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...		...	...	...	...	1	...	3
June	18,990	494	26·0	10	...	2	...	...	...	2	...	...	...	...	1	...	1	1	...	1	1	...	...	...	...	...	1	...	...
July	19,433	478	24·6	15	...	6	...	...	...	1	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	1	2	3
August	19,981	591	29·6	16	...	3	...	1	1	...	...	...	...	1	1	...	2	...	..	...	...	...	...	1	...	...	1	...	5
September	20,082	622	31·0	9	...	...	...	...	...	2	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1	3
October	21,897	671	30·6	15	...	1	...	...	...	2	...	...	...	...	...	1	5	2	1	...	...	...	...	2	..	...	...	...	1
November	21,099	743	35·2	8	...	...	...	...	...	1	...	...	...	...	1	...	3	2	...	...	1	...	...	...	...	...	...	...	...
December	20,779	564	27·1	7	...	...	...	...	2	...	...	...	...	...	1	...	2	1	...	...	...	...	...	...	...	...	1	...	...
						28	...	1	6	15	1	1	...	2	4*	1	26	8	4	3	2	...	...	3	...	2	9†	4‡	22§
						Died per 1,000 of the Average Strength.																							
For the Year	20,244	580	28·7	142	7·01	1·38	...	·05	·30	·74	·05	·05	...	·10	·20	·05	1·28	·40	·20	·15	·10	...	...	·15	...	·10	·44	·20	1·09
						Composition of 100 Deaths.																							
						19·7	...	·7	4·2	10·6	·7	·7	...	1·4	2·8	·7	18·3	5·6	2·8	2·1	1·4	...	...	2·1	...	1·4	6·3	2·8	15·5

* One out of hospital. † Five out of hospital. ‡ Three out of hospital. § Three out of hospital, one rheumatic fever, and two influenza.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	...	22	148	84	19	2	...	...	...	...	...	...	275	13·6	1·68	·73
Cholera	...	...	...	...	26	6	9	3	...	1	...	...	45	2·2	·27	62·22
Small-pox	7	3	6	7	1	...	...	...	1	...	1	...	26	1·3	·16	...
Enteric Fever	...	...	...	1	1	2	3	1	...	...	...	...	8	·4	·05	12·50
Intermittent Fever	569	453	568	539	519	319	525	618	769	1,072	850	466	7,267	359·0	44·29	·08
Remittent Fever	22	13	23	17	19	23	30	25	43	45	14	21	295	14·6	1·80	4·98
Simple Continued Fever	16	23	12	15	13	21	24	14	7	18	8	15	186	9·2	1·13	·53
Other Fevers	10	15	18	8	16	2	...	...	...	1	3	8	81	4·0	·49	1·22
Heat-stroke	...	...	...	...	1	...	...	...	...	...	...	...	1	...	·01	...
Nervous Diseases	15	8	8	15	14	8	7	16	10	15	6	9	131†	6·5	·80	1·41
Circulatory Diseases	3	...	2	4	4	1	1	1	2	3	4	3	28	1·4	·17	10·00
Tubercle of the lungs	1	1	...	...	...	...	1	2	1	4	1	1	12‡	·6	·07	6·67
Pneumonia	18	26	13	21	13	6	10	6	3	22	19	13	170	8·4	1·04	14·44
Other Respiratory Diseases	61	42	27	21	25	21	34	24	52	50	44	30	431	21·3	2·63	1·75
Tonsillitis and Sorethroat	10	1	4	3	2	1	2	3	4	2	6	2	40	2·0	·24	...
Dysentery	23	33	29	28	32	26	130	125	48	37	39	25	575	28·4	3·50	·68
Diarrhœa	6	2	8	7	14	18	19	22	12	9	5	2	124	6·1	·76	2·36
Hepatic Abscess	...	...	...	...	1	...	...	...	...	1	...	...	2	·1	·01	100·00
Hepatic Congestion and Inflammation	3	4	2	4	1	1	1	...	...	2	3	3	24	1·2	·15	...
Spleen Diseases	4	...	3	5	11	5	7	5	9	8	...	...	57	2·8	·35	...
Urinary Diseases	...	...	...	1	3	1	1	2	1	2	3	1	15	·7	·09	16·67
Scurvy	1	1	2	...	1	1	1	1	1	3	1	2	15	·7	·09	...
Acute and Chronic Rheumatism	37	32	21	28	55	32	28	46	35	45	40	38	437§	21·6	2·66	
Venereal Diseases	76	55	51	40	62	57	48	46	42	70	64	62	673	33·2	4·10	
Eye Diseases	50	35	40	37	44	26	39	68	76	65	53	28	561	27·7	3·42	
Guinea Worm	2	4	5	9	8	8	19	8	6	4	...	4	77	3·8	·47	
Other Entozoa	2	...	1	...	...	1	...	...	...	1	...	1	6	·3	·04	
Diseases of the Integuments	209	170	107	123	156	171	245	213	191	280	204	180	2,249	111·1	13·71	
Injuries	191	161	92	122	139	139	153	129	136	136	138	133	1,609	82·4	10·17	
All other Causes	110	92	57	67	102	74	89	70	66	86	52	61	926	45·7	5·64	
	1,446	1,196	1,247	1,206	1,302	972	1,426	1,448	1,515	1,982	1,558	1,108	16,406			·77
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	810·4			

* Excluding deaths out of hospital. † Neuralgia 56=2·8. ‡ Phthisis pulmonalis 28=1·4. § Rheumatic fever 7= 3.

XVII.

TABLE showing the SICKNESS and MORTALITY among the NATIVE TROOPS serving in the WESTERN COAST group of stations during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	CAUSES OF DEATH.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Injuries.	Suicide.	All other Causes.
January	2,941	74	25·2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
February	3,523	98	27·8	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...
March	3,946	101	25·6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
April	2,624	73	27·8	4	...	...	...	...	...	...	1	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	1
May	2,727	85	31·2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
June	2,758	97	35·2	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
July	2,752	86	31·3	3	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...
August	2,779	98	35·3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
September	2,741	100	36·5	2	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
October	3,193	114	35·7	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
November	3,043	123	40·4	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
December	3,125	103	33·0	5	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	3
						2	...	...	...	...	2	...	...	1	4	1	1	1	1	...	...	...	...	...	...	1	1*	...	5
						Died per 1,000 of the Average Strength.																							
For the Year	3,013	96	31·9	20	6·64	·66	...	...	...	...	·66	...	...	·33	1·33	·33	·33	·33	·33	...	...	...	...	...	...	·33	·33	...	1·66
						Composition of 100 Deaths.																							
						10·0	...	...	...	...	10·0	...	...	5·0	20·0	5·0	5·0	5·0	5·0	...	...	...	...	...	...	5·0	5·0	...	25·0

* Out of hospital.

CAUSES OF ADMISSION.	NUMBER OF ADMISSIONS INTO HOSPITAL IN EACH MONTH.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	...	...	...	...	...	...	2	...	...	...	...	...	2	·7	·07	...
Cholera	...	...	...	...	...	3	...	...	...	...	...	...	3	1·0	·11	66·67
Small-pox	...	...	...	1	1	...	...	...	...	3	...	...	5	1·7	·18	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Intermittent Fever	58	74	51	33	79	81	66	39	47	76	66	36	706	234·3	25·09	...
Remittent Fever	2	...	2	4	2	1	6	1	2	1	2	2	25	8·3	·89	...
Simple Continued Fever	2	3	12	3	9	38	17	6	14	23	21	24	172	57·1	6·11	1·15
Other Fevers	1	3	7	...	...	1	...	2	...	...	...	...	14	4·6	·50	...
Heat-stroke	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nervous Diseases	4	3	1	3	1	3	2	...	4	1	2	...	24‡	8·0	·85	4·00
Circulatory Diseases	...	...	...	1	...	...	2	...	...	1	1	1	6	2·0	·21	57·14
Tubercle of the lungs	...	...	1	...	...	2	...	...	1	...	...	...	4†	1·3	·14	20·00
Pneumonia	3	...	4	1	1	2	1	1	...	...	3	1	17	5·6	·60	5·26
Other Respiratory Diseases	7	15	9	5	7	4	3	9	8	9	9	6	91	30·2	3·23	1·05
Tonsillitis and Sorethroat	1	2	3	...	2	3	1	1	1	1	...	2	17	5·6	·60	...
Dysentery	22	19	45	27	27	25	43	39	26	19	11	23	326	108·2	11·58	·30
Diarrhœa	2	2	1	4	21	7	7	15	5	9	3	8	84	27·9	2·99	...
Hepatic { Abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic { Congestion and Inflammation	...	...	...	1	...	1	...	...	...	1	2	...	5	1·7	·18	...
Spleen Diseases	...	...	2	...	1	...	1	...	...	...	...	...	4	1·3	·14	...
Urinary Diseases	...	...	...	...	...	...	...	...	...	...	1	...	1	·3	·04	...
Scurvy	1	...	1	2	...	...	1	...	2	2	1	...	10	3·3	·36	...
Acute and Chronic Rheumatism	5	6	6	4	6	4	4	12	11	15	5	8	86§	28·5	3·06	
Venereal Diseases	9	19	9	10	15	12	15	8	18	18	15	19	167	55·4	5·93	
Eye Diseases	2	6	13	1	10	6	10	9	6	4	5	6	78	25·9	2·77	
Guinea Worm	...	...	2	...	1	2	1	...	...	...	2	...	8	2·7	·28	
Other Entozoa	...	...	...	...	1	...	...	1	...	...	...	...	2	·7	·07	
Diseases of the Integuments	31	43	34	41	43	33	42	38	47	67	66	58	543	180·2	19·30	
Injuries	12	14	21	9	20	11	14	12	14	23	17	16	183	60·7	6·50	
All other Causes	21	17	11	11	18	13	33	27	17	26	19	18	231	76·7	8·21	
	183	226	235	161	265	252	271	220	223	299	251	228	2,814			·66
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	934·0			

* Excluding deaths out of hospital. † Phthisis pulmonalis 11=3·7. ‡ Neuralgia 1=·3. § Rheumatic fever 6=2·0

NATIVE TROOPS, 1894.

XVIII.

TABLE showing the SICKNESS and MORTALITY among the NATIVE TROOPS serving in the SOUTHERN INDIA group of stations during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Injuries.	Suicide.	All other Causes.
January	9,495	248	26·1	6	...	1	...	...	...	1	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	1	...	1
February	9,548	256	26·8	8	...	...	...	...	...	1	...	...	...	...	...	...	2	...	1	...	...	...	...	1	...	...	1	...	2
March	9,327	222	23·8	6	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	1	...	...	...	1	1
April	8,736	214	24·5	5	...	...	...	...	...	...	1	...	1	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...
May	8,372	211	25·2	4	...	...	...	...	...	...	...	...	...	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
June	8,332	186	22·3	4	...	...	...	...	1	...	...	...	...	...	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...
July	8,469	178	21·0	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
August	8,782	223	25·4	4	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2
September	9,050	220	24·3	7	...	1	...	...	...	1	...	...	...	2	1	...	1	...	...	1	...	...	...	...	...	...	...	...	...
October	8,868	220	24·8	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1	2
November	8,631	229	26·5	6	...	...	...	...	1	2	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1
December	8,998	227	25·2	8	...	...	...	...	...	2	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	3
						3	...	...	2	7	1	...	1*	5	5†	1	8	5	4	1	...	...	...	3	...	...	3‡	3*	12
						Died per 1,000 of the Average Strength.																							
For the Year	8,884	220	24·7	64	7·20	·34	...	...	·23	·79	·11	...	·11	·56	·56	·11	·90	·56	·45	·11	...	...	...	·34	...	...	·34	·34	1·35
						Composition of 100 Deaths.																							
						4·7	...	...	3·1	10·9	1·6	...	1·6	7·8	7·8	1·6	12·5	7·8	6·2	1·6	...	...	...	4·7	...	...	4·7	4·7	18·8

* Out of hospital. † Two out of hospital. ‡ One out of hospital.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	...	2	1	...	1	...	...	...	...	...	...	...	4	·5	·09	...
Cholera	1	1	1	...	1	...	1	1	...	1	..	...	7	·8	·16	42·86
Small-pox	1	1	...	...	...	...	...	...	...	1	...	1	4	·5	·09	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Intermittent Fever	83	73	57	69	96	37	48	52	51	73	76	86	801	90·2	18·31	·24
Remittent Fever	...	2	1	2	1	1	3	2	4	5	6	13	40	4·5	·91	17·50
Simple Continued Fever	21	8	19	11	37	37	24	25	17	33	26	10	268	30·2	6·13	·35
Other Fevers	16	11	7	6	5	3	2	2	4	6	4	2	68	7·7	1·55	...
Heat-stroke	...	...	...	1	...	...	...	...	1	...	...	...	2	·2	·05	...
Nervous Diseases	6	5	5	2	6	3	1	4	6	5	5	5	53†	6·0	1·21	8·62
Circulatory Diseases	1	1	2	1	3	...	1	...	...	1	1	1	12	1·4	·27	23·08
Tubercle of the lungs	...	...	...	...	1	...	...	...	...	1	...	1	3‡	·3	·07	33·33
Pneumonia	7	10	9	8	3	4	2	1	2	5	3	5	59	6·6	1·35	12·12
Other Respiratory Diseases	20	12	15	7	9	5	5	6	14	20	10	8	131	14·7	2·99	3·60
Tonsillitis and Sorethroat	...	1	1	2	1	1	1	...	1	2	2	3	15	1·7	·34	...
Dysentery	14	8	10	9	13	8	13	11	11	16	9	9	131	14·7	2·99	3·01
Diarrhœa	2	1	1	2	7	...	1	...	4	1	6	1	26	2·9	·59	3·85
Hepatic Abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Congestion and Inflammation	...	...	1	2	1	1	...	1	...	...	1	2	9	1·0	·21	...
Spleen Diseases	...	2	...	4	...	1	2	1	1	1	1	1	14	1·6	·32	...
Urinary Diseases	2	3	1	...	1	1	...	1	...	1	...	...	10	1·1	·23	27·27
Scurvy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute and Chronic Rheumatism	17	17	21	18	20	14	17	11	12	10	19	14	190§	21·4	4·34	
Venereal Diseases	37	26	17	23	23	20	25	26	42	36	27	34	336	37·8	7·68	
Eye Diseases	23	10	15	9	23	31	31	36	30	32	12	15	267	30·1	6·10	
Guinea Worm	...	...	1	1	4	1	1	...	...	...	1	...	9	1·0	·21	
Other Entozoa	2	...	...	...	...	...	...	...	...	1	...	...	3	·3	·07	
Diseases of the Integuments	100	71	50	39	79	59	72	73	70	82	64	85	844	95·0	19·29	
Injuries	50	37	30	42	38	31	36	47	24	53	44	44	476	53·6	10·88	
All other Causes	62	55	37	41	47	50	43	61	43	71	42	41	593	66·7	13·55	
	465	357	302	299	420	308	329	361	337	457	359	381	4,375			1·24
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...		492·5		

* Excluding deaths out of hospital. † Neuralgia 12=1·4. ‡ Phthisis pulmonalis 12=1·4. § Rheumatic fever 7=·8.

XIX.

TABLE showing the SICKNESS and MORTALITY among the NATIVE TROOPS serving in the HILL STATIONS of INDIA during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Injuries.	Suicide.	All other Causes.
January	16,191	668	41·3	39	...	...	...	...	4	...	...	...	...	...	1	...	24	2	1	...	...	...	...	1	1	...	...	...	5
February	17,089	613	35·9	16	...	...	...	...	1	1	...	...	...	...	1	1	4	3	...	...	...	...	1	...	...	1	2	...	1
March	17,104	522	30·5	16	...	...	...	...	...	2	...	...	...	...	...	3	4	3	...	...	...	...	1	...	...	...	2	...	1
April	17,689	501	28·3	11	...	...	...	...	2	2	...	...	...	...	...	2	1	2	...	...	...	1	...	...	...	1	...	...	...
May	16,662	499	29·9	16	...	...	...	...	...	4	...	...	1	...	1	1	2	1	1	...	...	...	...	...	...	...	2	...	3
June	15,783	466	29·5	11	...	...	...	...	...	4	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	3	...	...
July	15,814	517	32·7	12	...	...	...	...	...	5	...	...	...	1	...	3	1	1	...	...	1	...	...	...	...	...	...	...	...
August	15,847	633	39·9	12	...	...	...	...	1	6	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	2	1	...
September	15,781	831	52·7	13	...	...	...	...	2	1	...	...	...	...	...	2	1	2	1	...	...	...	1	...	...	...	...	1	2
October	14,270	814	53·3	17	...	...	...	...	1	4	...	...	...	...	...	2	7	...	...	...	...	...	...	...	...	1	2	...	...
November	13,705	669	48·8	23	...	...	...	...	2	7	...	...	...	...	...	...	13	1	...	...	...	...	...	...	...	...	...	...	...
December	14,055	647	46·0	24	...	...	...	...	...	1	...	...	...	...	2	...	15	2	1	...	1	...	1	...	...	...	...	...	1
						...	...	...	13	37	...	...	1	1	5*	18	72	17	5	1	2	1	4	1	1	3	13†	2	13§
						Died per 1,000 of the Average Strength.																							
For the Year	15,916	615	38·6	210	13·19	...	...	...	·82	2·32	...	...	·06	·06	·31	1·13	4·52	1·07	·31	·06	·13	·06	·25	·06	·06	·19	·82	·13	·82
						Composition of 100 Deaths.																							
						...	...	...	6·2	17·6	...	...	·5	·5	2·4	8·6	34·3	8·1	2·4	·5	1·0	·5	1·9	·5	·5	1·4	6·2	1·0	6·2

* One out of hospital. † Eight out of hospital. § Six influenza.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated. *
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	104	40	5	16	65	6	...	...	...	...	3	8	247	15·5	1·36	1·92
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	1	1	1	1	...	1	1	1	7	·4	·04	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Intermittent Fever	473	286	304	333	463	368	761	1,134	1,722	1,524	721	590	8,679	545·3	47·66	·15
Remittent Fever	9	9	14	30	48	57	72	80	45	45	24	17	450	28·3	2·47	7·94
Simple Continued Fever	15	9	11	30	21	20	12	22	10	3	5	4	162	10·2	·89	...
Other Fevers	14	1	1	1	29	4	2	1	...	...	2	5	60	3·8	·33	...
Heat-stroke	...	...	...	...	1	...	...	...	...	...	...	...	1	·1	·01	100·00
Nervous Diseases	8	14	10	10	10	5	10	6	6	10	5	11	105†	6·6	·58	·92
Circulatory Diseases	1	2	2	2	1	1	1	...	1	2	...	2	15	·9	·08	26·67
Tubercle of the lungs	4	3	6	4	4	5	4	3	3	1	1	2	40‡	2·5	·22	42·86
Pneumonia	59	30	15	15	12	3	8	5	3	29	61	64	304	19·1	1·67	21·18
Other Respiratory Diseases	151	125	57	41	43	21	30	24	26	50	86	98	752	47·2	4·13	2·14
Tonsillitis and Sorethroat	17	14	6	6	12	8	4	5	6	7	11	7	103	6·5	·57	...
Dysentery	58	39	39	41	77	75	84	76	85	91	67	42	774	48·6	4·25	·63
Diarrhœa	7	6	17	5	21	22	41	18	34	34	12	9	226	14·2	1·24	·44
Hepatic Abscess	...	...	...	...	...	1	...	...	...	...	1	...	2	·1	·01	100·00
Hepatic Congestion and Inflammation	1	1	1	2	2	3	3	2	3	4	1	...	23	1·4	·13	4·17
Spleen Diseases	15	10	2	11	12	8	11	8	34	36	29	36	212	13·3	1·16	1·78
Urinary Diseases	1	1	1	1	3	...	2	1	...	1	2	1	14	·9	·08	7·14
Scurvy	8	4	9	10	14	13	8	1	10	6	5	5	93	5·8	·51	1·05
Acute and Chronic Rheumatism	46	37	27	30	26	26	54	28	20	42	22	32	390§	24·5	2·14	
Venereal Diseases	70	48	72	49	61	43	62	50	53	63	44	38	653	41·0	3·59	
Eye Diseases	16	9	16	25	35	25	40	39	47	45	20	15	332	20·9	1·82	
Guinea Worm	...	...	...	1	3	5	20	11	8	7	...	...	55	3·5	·30	
Other Entozoa	1	...	1	1	...	...	4	1	1	2	...	...	11	·7	·06	
Diseases of the Integuments	132	103	83	73	133	104	159	118	133	175	138	169	1,520	95·5	8·35	
Injuries	110	117	124	121	193	144	164	104	119	143	94	109	1,542	96·9	8·47	
All other Causes	159	120	105	102	117	92	95	83	113	147	152	155	1,440	90·5	7·91	
	1,479	1,028	928	960	1,407	1,060	1,652	1,821	2,482	2,468	1,507	1,420	18,212			1·07
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	1,144·3			

* Excluding deaths out of hospital. † Neuralgia 66 = 4·1. ‡ Phthisis pulmonalis 63 = 4·0. § Rheumatic fever 5 = ·3.

XX.

COMPARATIVE STATEMENT of the RATIOS of SICKNESS and MORTALITY among the NATIVE TROOPS serving in the various GROUPS of STATIONS of India during 1894.

	RATIO PER 1,000 OF STRENGTH.												
	I. Burma Coast and Bay Islands.	II. Burma Inland.	III. Assam.	IV. Bengal and Orissa.	V. Gangetic Plain & Chutia Nagpur.	VI. Upper Sub-Himalayan.	VII. Indus Valley, and N.-W. Rajputana.	VIII. S.-E. Rajputana, Central India & Gujarat.	IX. Deccan.	X. Western Coast.	XI. Southern India.	XII. Hill Stations.	Army of India.
I.—Average Annual Strength Present	2,088	6,992	2,468	2,828	6,983	16,055	15,607	13,075	20,244	3,013	8,884	15,916	127,844
II.—Average Constantly-Sick-rate of—													
January	39·2	44·6	44·2	54·1	25·9	32·6	42·5	26·8	25·3	25·2	26·1	41·3	32·4
February	32·8	43·0	39·0	45·3	26·4	27·8	37·2	26·8	26·5	27·8	26·8	35·9	30·3
March	31·8	35·1	36·8	34·0	25·0	19·9	27·9	23·1	27·7	25·6	23·8	30·5	25·7
April	47·6	34·5	39·6	32·7	25·5	21·6	23·2	26·0	30·3	27·8	24·5	28·3	26·3
May	44·9	36·4	42·6	29·5	25·6	23·5	25·2	23·1	29·9	31·2	25·2	29·9	27·5
June	45·0	40·2	47·5	26·6	20·4	20·5	26·2	19·9	26·0	35·2	22·3	29·5	26·3
July	43·4	36·6	55·0	33·7	23·9	24·3	28·8	22·0	24·6	31·3	21·0	32·7	27·4
August	38·8	35·1	50·0	49·6	25·0	31·2	39·7	28·9	29·6	35·3	25·4	39·9	32·5
September	33·0	36·9	45·4	38·9	30·4	38·3	52·9	36·0	31·0	36·5	24·3	52·7	37·4
October	25·9	40·1	45·5	39·6	34·3	40·3	55·6	42·4	30·6	35·7	24·8	53·3	38·1
November	31·4	40·7	49·9	44·4	35·8	45·7	55·2	39·0	35·2	40·4	26·5	48·8	37·5
December	34·0	44·1	44·0	45·3	24·2	40·6	40·2	26·9	27·1	33·0	25·2	46·0	31·6
The Year	37·2	38·9	44·7	40·1	27·0	30·1	38·1	28·6	28·7	31·9	24·7	38·6	31·2
III.—Admission-rates of the Year.													
Influenza	...	...	...	1·1	11·2	2·2	7·2	29·1	13·6	·7	·5	15·5	9·0
Cholera	...	3·0	·4	...	4·2	·1	·1	·2	2·2	1·0	·8	...	·9
Small-pox	1·0	·1	...	...	...	·1	·4	·9	1·3	1·7	·5	·4	·6
Enteric Fever	...	...	6·9	...	...	...	·3	·1	·4	...	...	...	·3
Intermittent Fever	139·4	328·9	365·5	373·1	199·6	308·6	611·5	441·0	359·0	234·3	90·2	545·3	376·4
Remittent Fever	4·8	8·0	3·2	11·7	16·8	17·4	18·0	9·6	14·6	8·3	4·5	28·3	14·6
Simple Continued Fever	2·9	6·3	2·4	2·1	4·7	4·0	32·0	5·9	9·2	57·1	30·2	10·2	12·4
Other Fevers	1·9	1·4	3·2	1·1	6·3	3·1	1·7	3·0	4·0	4·6	7·7	3·8	5·1
Heat-stroke	...	...	...	...	...	·3	·2	·2	...	...	·2	·1	·1
Nervous Diseases	9·6	8·9	12·6	6·0	8·7	3·7	7·5	8·9	6·5	8·0	6·0	6·6	6·7
Circulatory Diseases	7·7	1·4	1·6	1·4	1·3	·9	1·2	1·2	1·4	2·0	1·4	·9	1·3
Tubercle of the lungs	·5	·9	2·0	2·5	2·7	3·0	1·5	·7	·6	1·3	·3	2·5	1·4
Pneumonia	8·1	5·7	10·9	3·5	4·3	12·5	27·8	9·6	8·4	5·6	6·6	19·1	12·9
Other Respiratory Diseases	31·1	47·5	63·6	59·4	28·9	37·9	70·2	44·1	21·3	30·2	14·7	47·2	39·9
Tonsillitis and Sorethroat	1·9	2·3	5·7	3·5	1·6	3·7	3·3	3·9	2·0	5·6	1·7	6·5	3·3
Dysentery	74·2	77·1	75·4	85·9	47·1	33·9	41·2	23·6	28·4	108·2	14·7	48·6	43·8
Diarrhœa	4·8	31·8	29·6	16·6	9·2	5·3	7·7	11·0	6·1	27·9	2·9	14·2	11·0
Hepatic Abscess	...	·3	·4	...	...	...	...	·1	·1	...	...	·1	·1
Hepatic Congestion and Inflammation	...	1·0	1·6	·7	·9	·8	·4	1·4	1·2	1·7	1·0	1·4	1·0
Spleen Diseases	5·3	8·9	5·7	9·5	4·3	8·7	19·9	7·6	2·8	1·3	1·6	13·3	8·3
Urinary Diseases	1·0	1·4	·4	1·1	·7	·9	1·9	1·6	·7	·3	1·1	·9	1·1
Scurvy	...	·6	·8	2·5	·4	1·9	5·1	4·3	·7	3·3	...	5·8	3·3
Acute and Chronic Rheumatism	52·2	30·2	23·1	28·6	26·1	9·8	19·1	22·6	21·6	28·5	21·4	24·5	21·0
Venereal Diseases	65·6	32·9	54·7	30·1	18·9	30·5	23·6	32·4	33·2	55·4	37·8	41·0	32·3
Eye Diseases	34·5	16·2	33·2	8·1	16·5	31·7	20·2	36·8	27·7	25·9	30·1	20·9	23·9
Guinea Worm	·5	·6	...	17·7	1·0	2·2	4·2	13·2	3·8	2·7	1·0	3·5	3·9
Other Entozoa	9·1	·6	·8	1·4	·6	·2	·2	·3	·3	·7	·3	·7	·5
Diseases of the Integuments	126·4	101·5	130·1	197·7	105·3	139·1	180·4	145·0	111·1	180·2	95·0	95·5	123·0
Injuries	65·1	59·8	97·6	67·2	75·2	67·6	81·0	71·6	82·4	60·7	53·6	96·9	75·2
All other Causes	171·9	115·8	75·0	86·6	61·9	46·6	62·6	46·8	45·7	76·7	66·7	90·5	63·8
All Causes	819·4	893·0	1,006·5	1,019·1	658·2	776·5	1,250·2	976·7	810·4	934·0	492·5	1,144·3	897·1
IV.—Death-rates of the year													
Cholera	...	2·15	...	...	2·15	...	·06	·08	1·38	·66	·34	...	·56
Small-pox	...	...	...	...	...	...	...	·08	...	...	...	...	·01
Enteric Fever	...	...	...	...	...	...	·19	...	·05	...	...	...	·05
Intermittent Fever	·48	1·14	·41	2·12	·72	·19	·51	·46	·30	...	·23	·82	·58
Remittent Fever	...	1·43	...	·35	1·58	2·12	2·56	·92	·74	...	·79	2·32	1·44
Simple Continued Fever	...	...	...	...	...	·12	...	...	·05	·66	·11	...	·05
Other Fevers	...	·14	...	·35	...	...	...	·23	·05	...	...	...	·05
Heat-stroke	...	...	...	...	...	·31	·19	·15	...	...	·11	·06	·09
Nervous Diseases	·48	·29	...	·35	·14	·25	...	·15	·10	·33	·56	·06	·16
Circulatory Diseases	...	·29	1·22	·35	·14	·25	·38	·23	·20	1·33	·56	·31	·33
Tubercle of the lungs	...	·43	2·03	1·41	·43	·93	·32	·23	·05	·33	·11	1·13	·48
Pneumonia	·96	1·43	2·43	1·41	·86	3·55	6·54	·99	1·28	·33	·90	4·52	2·87
Other Respiratory Diseases	...	1·14	·41	·71	·43	·81	1·28	·84	·40	·33	·56	1·07	·76
Dysentery	·96	1·86	·81	·71	·86	·31	·19	·38	·20	·33	·45	·31	·51
Diarrhœa	...	1·14	·81	·35	·14	·12	·06	...	·15	...	·11	·06	·16
Hepatic Abscess	...	·29	·41	...	...	...	...	·08	·10	...	...	·13	·06
Hepatic Congestion and Inflammation	...	·14	...	...	·14	...	...	·08	...	...	...	·06	·03
Spleen Diseases	...	·14	...	...	...	·12	·06	...	...	...	...	·25	·08
Urinary Diseases	...	·43	·41	·35	...	...	·19	·08	·15	...	·34	·06	·13
Scurvy	...	...	...	...	...	·06	·06	·15	...	...	...	·06	·05
Anæmia and Debility	2·39	1·43	·41	·35	...	·19	·06	·08	·10	·33	...	·19	·30
Injuries	·48	·43	1·22	·35	...	·50	·45	·46	·44	·33	·34	·82	·80
Suicide	·48	...	...	...	·72	·12	·19	...	·20	...	·34	·13	·16
All other Causes	4·31	1·72	1·22	·71	·72	1·00	·51	1·15	1·09	1·66	1·35	·82	1·06
All Causes	10·54	16·02	11·75	9·90	9·02	10·96	13·84	6·81	7·01	6·64	7·20	13·19	10·76
V.—Fatality.	Died out of each 100 cases treated.												
Cholera	...	71·43	...	...	51·72	...	100·00	33·33	62·22	66·67	42·86	...	56·78
Enteric Fever	...	...	...	...	...	...	75·00	...	12·50	...	...	...	18·18
Remittent Fever	...	16·67	...	3·03	9·09	11·76	13·25	9·45	4·98	...	17·50	7·94	9·45
Tubercle of the lungs	...	37·50	71·43	50·00	13·64	26·32	18·52	33·33	6·67	20·00	33·33	42·86	28·57
Pneumonia	10·53	22·73	20·00	33·33	19·35	24·05	19·07	9·42	14·44	5·26	12·12	21·18	19·47
Other Respiratory Diseases	...	2·29	·58	1·05	1·37	1·79	1·65	1·79	1·75	1·05	3·60	2·14	1·75
Dysentery	1·28	2·32	1·00	·76	1·75	·90	·46	1·60	·68	·30	3·01	·63	1·11
Hepatic Abscess	...	66·67	100·00	...	...	...	...	100·00	100·00	...	...	100·00	80·00
Hepatic Congestion and Inflammation	...	9·09	...	...	14·29	...	...	5·56	...	...	...	4·17	2·94

XXI.

TABLE showing the ANNUAL SICKNESS and MORTALITY and the AVERAGE CONSTANTLY SICK-RATE of each MONTH for each STATION.

STATIONS.	Average Annual Strength Present.	CONSTANTLY SICK PER 1,000 OF AVERAGE STRENGTH IN EACH MONTH.												Average constantly sick per 1,000 of strength.	Admission-rate per 1,000 of strength.	Death-rate per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.			
Port Blair	272	33·0	21·3	21·0	17·7	10·7	11·3	8·0	7·9	15·2	14·5	17·9	18·1	16·5	522·1	3·68
Moulmein	642	46·2	43·4	46·6	85·0	73·8	61·4	72·9	66·7	47·1	24·8	42·1	51·1	54·4	850·5	6·23
Rangoon	1,174	37·0	30·1	26·7	37·7	38·0	43·2	33·9	30·2	29·5	29·2	28·2	27·8	32·6	871·4	14·48
Thayetmyo	546	61·6	50·7	49·9	41·1	31·5	25·3	27·6	25·8	15·7	17·1	28·3	35·0	32·4	474·4	14·65
Meiktila	706	30·4	26·5	16·3	10·5	12·0	12·0	14·9	6·1	8·7	8·7	14·5	7·9	14·4	379·6	1·42
Mindat-Sikaw	139	24·5	34·3	44·1	55·1	60·0	61·9	123·7	145·8	127·7	65·9	77·8	15·5	57·2	1,107·9	28·78
Myingyan	873	29·4	33·2	37·8	36·7	34·6	33·5	32·7	34·0	33·3	38·8	43·1	57·8	35·9	733·1	22·91
Haka	350	29·6	52·8	45·5	34·5	48·1	57·1	58·1	55·1	51·0	54·1	61·1	59·0	50·7	1,337·1	2·86
Falam	342	39·1	30·2	38·7	22·1	78·7	108·1	72·7	46·7	78·0	107·0	56·1	27·0	49·7	1,731·0	38·01
Tiddin	459	31·1	32·3	31·7	29·2	43·4	41·9	20·4	23·9	20·7	16·2	24·5	19·6	29·3	518·5	15·25
Kalemyo	50	68·5	39·5	32·6	20·6	...	...	...	37·0	...	37·0	55·6	19·2	29·9	700·0	20·00
Kalewa	61	35·7	80·6	50·0	44·1	16·1	16·7	69·0	98·0	33·9	71·4	48·8	64·9	51·6	1,983·6	98·36
Tigyaing	45	37·0	45·5	38·2	61·1	39·4	45·5	50·0	...	...	...	...	...	46·0	1,422·2	...
Kyaukmyaung	29	...	...	31·3	32·3	31·3	...	58·8	28·6	28·6	29·4	62·5	...	28·6	1,310·3	68·97
Bhamo	663	38·1	49·9	45·9	49·5	28·9	65·1	61·4	58·0	58·5	53·6	50·2	74·4	52·4	1,137·3	13·57
Thabeitkyin	32	38·5	37·0	62·5	30·3	...	...	27·8	55·6	81·1	81·1	60·6	...	41·7	1,375·0	...
Shwebo	350	71·4	102·6	35·5	43·0	42·1	50·1	47·1	31·3	34·3	38·5	33·9	21·9	40·4	520·0	8·57
Fort Dufferin (Mandalay)	1,561	70·0	62·6	37·2	42·4	36·2	35·4	31·7	33·1	40·3	42·2	37·3	38·2	41·6	927·0	13·45
Nanpaung	101	41·2	20·0	19·4	41·2	30·9	29·7	41·2	50·5	30·0	49·5	15·9	9·9	31·2	1,465·3	19·80
Loikaw	91	42·1	22·0	26·7	23·8	33·7	53·2	32·6	20·0	39·6	41·7	41·2	54·1	35·8	1,978·0	10·99
Fort Stedman	488	39·1	26·1	15·5	15·3	60·5	55·7	24·4	29·3	35·3	47·6	59·6	97·9	42·5	844·3	18·44
Bampon	76	70·0	64·1	29·9	28·6	14·7	29·4	90·9	87·5	109·8	119·0	106·7	95·9	72·4	1,947·4	39·47
Smaller Outposts of Burma Inland	30	46·9	44·1	14·7	...	...	...	...	...	...	...	...	...	36·3	1,733·3	33·33
Silchar and Outposts	624	66·5	59·0	43·9	37·9	43·1	56·2	87·9	77·2	39·7	63·0	58·7	44·9	56·7	1,078·5	11·22
Dibrugarh " "	391	25·2	22·2	45·2	56·7	44·6	50·3	45·3	56·5	58·5	49·1	65·7	25·9	44·0	1,235·3	12·79
Kohima " "	458	38·8	44·4	36·4	34·8	32·5	34·4	27·6	20·2	24·9	21·1	24·3	45·8	32·6	644·1	10·92
Manipur " "	996	40·4	31·4	29·5	37·2	46·0	46·6	47·6	43·0	53·6	46·2	50·4	52·9	43·1	1,037·2	12·05
Fort William, Alipore and Ballygunge	1,360	66·4	58·0	44·3	47·5	40·5	39·3	34·0	36·3	39·7	51·0	62·8	63·3	49·9	1,319·9	12·50
Dum-Dum	129	...	15·6	11·2	16·7	19·8	11·9	15·9	35·7	27·3	22·5	14·2	58·8	20·7	627·9	...
Barrackpore	751	32·6	32·3	23·1	17·1	18·8	17·4	49·1	96·6	58·7	37·3	45·0	32·0	38·4	912·1	10·65
Buxa	294	51·2	42·5	18·6	28·4	18·6	15·3	23·4	30·7	21·6	34·5	24·8	22·6	28·0	656·5	3·40
Cuttack	294	35·6	49·4	46·5	19·1	23·0	9·9	6·7	15·3	14·3	16·9	14·1	10·8	19·6	435·4	6·80
Doranda	460	40·8	42·3	52·6	55·1	52·6	37·9	42·9	40·1	79·4	94·6	73·3	45·8	54·2	1,552·2	6·52
Dinapore	464	15·0	17·1	16·6	22·3	15·0	8·8	18·9	15·3	28·2	23·4	45·4	27·4	23·2	480·6	6·47
Benares	762	16·6	19·6	19·6	24·2	25·1	20·8	22·8	34·2	37·6	34·2	27·0	17·3	24·8	829·4	15·75
Fyzabad	1,092	28·4	21·0	15·2	9·8	11·2	11·1	13·7	18·1	19·9	23·3	37·8	17·3	18·9	522·9	5·49
Lucknow	1,681	20·3	26·6	31·3	32·9	31·8	24·1	26·0	25·4	17·4	22·1	28·0	24·3	25·6	552·6	10·71
Fatehgarh	149	19·6	14·9	10·7	23·7	19·6	19·4	26·5	27·4	49·3	71·0	93·2	53·6	33·5	624·2	6·71
Cawnpore	1,205	27·6	21·7	20·0	18·2	23·3	13·7	16·7	20·8	23·4	28·5	26·7	22·3	22·0	396·7	11·62
Allahabad	1,170	37·6	39·8	29·1	27·2	26·8	26·9	33·1	26·4	42·4	46·8	36·2	22·4	33·0	817·1	5·13
Bareilly	1,115	34·6	35·0	15·9	18·5	22·4	22·0	25·4	24·8	23·4	24·4	36·6	31·3	26·2	506·7	2·69
Dehra Dun	1,733	25·2	33·5	23·1	24·3	28·4	24·9	33·1	24·3	26·9	31·4	51·5	39·5	29·6	751·9	12·12
Roorkee	779	10·3	16·3	17·1	12·8	14·2	16·3	13·3	16·2	21·6	18·3	15·9	19·6	15·7	372·3	6·42
Meerut	1,168	22·5	21·5	19·7	24·1	25·0	19·5	23·4	31·3	35·0	29·0	32·4	25·7	25·9	748·3	6·85
Delhi	779	36·7	26·0	25·9	42·7	48·3	41·0	41·6	65·3	86·8	67·2	88·6	63·1	53·2	1,196·4	21·82
Umballa	879	29·8	24·2	22·3	19·5	20·4	16·9	34·6	30·5	28·3	42·7	32·3	32·6	25·7	552·9	10·24
Ludhiana	43	71·4	46·5	22·7	22·7	46·5	...	46·5	71·4	71·4	47·6	22·7	46·5	42·6	1,651·2	23·26
Jullundur	1,030	29·6	29·9	25·0	21·8	15·4	13·1	22·1	41·2	53·8	51·6	45·9	36·2	30·8	875·7	7·77
Ferozepore	1,540	40·2	24·8	14·8	19·2	28·1	24·6	20·2	37·2	49·8	52·3	67·6	33·5	32·1	885·7	11·69
Sialkot	1,741	22·0	19·5	13·9	12·8	10·7	11·9	12·8	26·9	23·3	34·9	40·0	33·8	21·1	581·3	5·74
Amritsar	180	35·7	36·8	33·1	10·7	26·2	28·6	23·0	27·5	36·6	30·5	21·1	20·8	27·4	916·7	22·22
Meean Meer	1,744	41·8	30·8	18·5	21·3	27·2	21·5	21·8	24·5	38·7	46·1	37·7	83·0	33·3	1,020·6	18·35
Jhelum	1,322	58·7	38·3	25·0	27·1	30·7	26·0	34·6	33·6	50·3	49·4	54·0	38·3	40·4	967·5	11·35
Rawalpindi	2,002	33·6	29·2	21·2	23·5	18·5	16·8	22·5	32·3	37·4	42·7	46·7	42·4	30·2	720·8	12·49
Mooltan	1,102	25·4	21·8	14·3	9·6	10·9	13·6	16·7	13·9	17·3	30·6	47·0	36·0	19·6	576·2	10·89
Attock	64	30·8	...	...	16·7	16·1	15·4	30·8	30·8	...	15·9	...	15·4	14·3	421·9	...
Nowshera	1,079	27·9	18·5	15·3	13·9	15·8	16·1	16·0	17·9	28·0	29·8	35·2	37·9	22·2	688·6	5·56
Peshawar and Outposts	2,597	43·7	31·0	25·3	22·4	23·0	22·3	19·0	23·7	60·1	65·7	54·8	35·3	35·5	1,132·5	22·33
Murdan "	1,058	19·7	21·1	16·6	12·3	13·6	12·4	12·5	24·6	22·5	35·2	39·9	39·4	23·2	766·5	15·12
Kohat "	2,222	60·6	62·5	39·9	30·2	29·5	30·0	31·8	48·1	98·9	87·3	65·1	47·9	54·0	1,736·3	13·95
Edwardesabad "	1,571	65·4	37·6	28·9	26·0	23·5	26·4	32·2	43·2	51·4	62·3	70·3	44·1	42·8	1,728·8	21·01
Dera Ismail Khan "	1,774	47·8	46·4	41·2	36·3	44·0	45·4	54·3	79·7	49·6	70·6	61·9	37·1	50·4	1,493·2	9·58
Dera Ghazi Khan "	1,212	40·2	38·1	27·3	17·3	28·2	27·9	32·4	49·9	41·4	52·0	60·4	45·8	38·6	1,458·7	9·08

XXI—*continued.*

STATIONS.	Average Annual Strength Present.	CONSTANTLY SICK PER 1,000 OF AVERAGE STRENGTH IN EACH MONTH.												Average constantly sick per 1,000 of strength.	Admission-rate per 1,000 of strength.	Death-rate per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.			
Rajanpur	393	38·8	40·4	27·5	17·4	21·5	42·1	42·9	48·1	37·1	42·7	36·2	27·8	34·8	1,486·0	10·18
Jacobabad	637	46·5	43·0	35·9	41·1	30·5	23·3	29·2	43·6	45·5	62·3	73·4	38·9	42·4	962·3	10·99
Hyderabad	565	16·6	18·2	14·4	7·9	14·1	24·5	23·5	27·5	31·4	30·5	39·6	38·3	24·8	723·9	5·31
Kurrachee	688	41·4	32·9	22·5	17·7	23·6	17·6	21·7	27·6	96·8	53·0	67·8	55·4	42·2	1,845·9	7·27
Bhuj	645	45·1	48·3	42·4	32·6	35·6	39·3	41·2	55·5	51·0	27·2	22·7	26·0	38·8	756·6	20·16
—																
Agra	829	40·3	31·2	28·1	21·6	23·1	15·4	12·4	17·0	15·6	12·8	13·4	15·8	21·1	465·6	3·62
Jhansi	739	31·9	30·5	26·0	34·1	27·1	17·3	27·9	35·1	42·8	75·0	77·1	48·0	40·6	1,510·1	2·71
Nowgong	1,235	18·8	30·4	25·4	20·4	21·3	25·1	29·2	39·0	49·6	59·9	54·1	29·5	33·7	925·5	4·05
Nasirabad	575	44·5	22·1	31·5	42·2	26·4	23·7	26·7	37·7	46·0	48·7	36·5	38·2	36·5	1,325·2	3·48
Neemuch	615	25·9	28·8	36·8	25·3	17·2	32·5	39·2	38·5	41·7	43·6	37·2	32·9	34·1	985·4	3·25
Indore	207	16·8	18·8	26·8	23·9	31·6	36·5	41·9	31·7	40·6	37·9	27·6	18·3	29·0	845·4	4·83
Sehore and Outposts	755	23·2	24·4	22·6	27·1	18·2	15·1	18·6	21·4	23·6	23·9	16·8	14·5	20·7	827·8	7·95
Mhow	1,199	33·8	33·4	34·5	32·8	36·0	28·2	25·2	31·8	40·1	46·8	37·4	22·2	33·4	846·5	6·67
Sadra	66	...	37·7	...	14·7	28·2	...	...	14·1	28·2	14·1	31·2	17·5	15·2	530·3	...
Agar	333	19·7	31·9	13·3	12·3	18·5	12·9	12·6	16·3	25·7	22·3	27·0	17·7	19·3	780·8	9·01
Goona	329	23·6	26·4	29·4	36·9	38·5	16·3	31·5	41·5	33·1	52·9	82·0	23·3	35·0	969·6	9·12
Sirdarpore and Outposts	493	31·5	23·4	13·6	19·4	20·9	13·1	20·4	21·7	22·8	17·0	28·4	28·0	21·6	736·3	8·11
Kherwara ,, ,,	572	18·7	25·4	21·0	35·2	32·8	20·0	21·9	29·1	38·0	45·5	44·9	35·2	30·3	776·2	12·24
Erinpura ,, ,,	719	18·5	26·1	7·1	10·7	17·3	13·8	14·8	16·7	36·6	49·1	26·1	23·7	22·0	863·7	9·74
Deoli ,, ,,	745	12·0	12·2	14·2	14·0	11·7	11·3	12·4	15·0	21·7	23·0	17·5	16·1	15·1	602·7	4·03
Ajmere ,, ,,	597	28·4	21·6	11·7	12·2	11·0	13·8	9·0	13·8	19·4	21·0	21·0	22·4	17·4	574·5	3·35
Deesa	1,023	26·0	26·5	16·8	12·0	16·9	16·8	19·7	36·1	31·9	39·2	38·3	21·4	25·4	991·2	2·93
Ahmedabad	522	47·1	49·6	24·8	90·1	37·1	27·0	14·0	17·0	25·7	36·1	36·5	28·4	34·5	2,024·9	24·90
Rajkot	808	19·2	14·3	9·6	12·4	11·4	13·4	23·0	45·7	70·6	83·7	65·5	41·6	34·7	1,471·5	6·19
Baroda	582	31·4	36·4	41·5	40·7	34·4	31·4	30·8	39·6	39·6	40·8	53·7	32·3	37·8	1,101·4	12·03
Surat	134	38·5	38·5	32·5	33·1	18·0	17·9	26·3	35·1	43·5	35·5	38·7	25·6	29·9	1,544·8	22·39
—																
Jubbulpore	844	24·4	27·8	29·4	29·9	27·4	22·4	25·5	44·0	59·9	75·4	56·2	46·8	39·0	888·6	4·74
Saugor	966	29·6	23·0	20·2	20·3	36·5	29·8	27·9	35·8	32·4	44·9	28·6	32·0	29·9	1,003·1	7·25
Sambalpur	267	27·5	26·5	24·4	29·4	58·1	20·7	23·3	42·6	31·9	25·5	21·1	21·3	30·0	790·3	7·49
Kamptee	647	27·6	27·9	22·9	29·0	28·6	27·1	26·5	21·5	21·1	26·4	18·7	16·0	24·7	840·8	7·73
Sitabaldi	94	12·5	11·6	19·8	23·3	11·8	36·1	36·6	12·3	24·4	29·1	28·4	16·7	21·3	1,170·2	...
Raipur	434	20·0	20·2	21·1	22·6	10·0	14·7	19·8	38·7	42·9	44·3	51·3	27·9	27·6	827·2	13·82
Sutna	38	66·7	58·8	21·7	27·8	...	27·8	54·1	54·1	48·8	45·5	44·4	45·5	41·3	1,105·3	...
Asirgarh	43	...	27·8	24·4	24·4	22·2	24·4	24·4	43·5	40·0	60·0	43·5	48·8	23·3	1,116·3	...
Malegaon	100	19·4	38·5	29·7	20·2	20·6	29·4	40·4	40·4	32·6	30·9	28·8	19·2	30·0	1,230·0	10·00
Ahmednagar	574	18·7	20·9	13·6	13·7	13·9	22·5	10·9	7·0	12·3	18·6	18·6	17·9	15·7	601·0	...
Sirur	511	27·8	28·4	23·6	17·1	30·2	30·0	23·6	29·4	25·4	27·3	34·7	42·2	29·4	898·2	11·74
Poona	2,414	29·2	26·9	26·9	31·6	32·2	35·9	39·9	41·5	39·0	37·0	38·6	33·1	34·8	1,000·8	4·97
Kirkee	1,018	24·0	24·5	25·5	28·3	32·0	32·0	27·1	27·9	30·3	27·9	32·5	26·3	28·5	1,029·5	6·88
Satara	677	39·2	44·5	31·8	33·1	24·6	20·6	12·2	20·0	26·7	28·9	37·6	33·1	29·5	731·2	23·63
Belgam	1,488	21·1	23·5	22·0	26·1	21·7	21·2	15·6	18·4	13·2	16·1	23·3	22·1	20·4	354·8	4·03
Ellichpur	765	35·4	36·2	26·4	26·9	26·8	16·1	23·4	35·8	34·0	28·3	31·5	27·7	29·3	1,119·0	6·54
Aurangabad	1,228	16·2	22·2	23·1	19·1	17·3	17·1	16·8	23·8	19·2	19·9	21·6	19·5	19·7	576·5	6·51
Jalna	723	18·7	18·6	25·8	28·0	21·6	7·5	10·6	18·9	19·0	12·7	21·6	16·3	18·3	684·6	8·30
Hingoli	1,146	25·8	25·3	25·0	28·5	26·4	24·7	19·9	33·3	34·6	28·9	42·1	26·1	28·1	714·7	8·73
Mominabad	438	23·7	21·4	21·1	33·6	21·8	11·7	13·6	17·4	12·7	19·2	24·2	13·5	19·6	465·8	4·57
Bolarum	1,381	19·0	21·1	18·7	25·7	26·9	19·0	15·8	18·7	16·3	19·5	23·3	17·6	20·0	433·7	2·90
Raichur	735	20·3	17·9	23·1	21·3	12·2	13·5	13·4	13·1	17·1	17·7	21·4	17·4	17·6	605·4	...
Secunderabad	3,712	27·5	31·8	45·0	47·4	48·3	37·1	33·4	36·1	45·9	38·1	52·8	30·3	39·4	1,032·6	9·43
—																
Thana	104	29·1	19·0	26·1	39·2	39·6	30·0	28·8	19·2	28·6	28·3	38·5	38·5	28·8	730·8	9·62
Bombay	1,522	20·4	25·7	26·7	23·5	24·4	32·4	27·3	31·0	29·5	34·7	40·2	34·4	28·9	1,107·1	5·26
Butcher's Island	21	...	...	...	...	...	...	...	...	...	...	...	...	...	285·7	...
Cannanore	722	29·4	29·6	23·7	37·4	40·8	40·6	36·6	37·4	44·4	27·2	25·3	21·7	32·3	754·8	...
Trichoor	90	35·3	41·7	19·6	9·8	22·2	13·0	...	11·5	24·4	24·7	30·6	10·1	20·4	622·2	22·22
Quilon	477	35·1	32·8	23·6	36·3	43·0	48·0	37·7	49·8	49·3	53·5	66·7	49·0	44·6	834·4	18·87
Trivandrum	77	...	39·0	39·0	13·0	26·0	...	51·3	51·3	38·5	39·0	26·0	25·6	29·1	623·4	...
—																
Bangalore	3,627	25·9	27·0	23·2	24·7	25·8	24·4	22·8	27·2	24·7	26·8	30·6	27·7	25·9	515·6	5·79
Bellary	1,167	22·6	23·8	26·1	24·1	26·1	23·7	16·9	18·8	21·7	26·6	27·9	28·4	23·6	584·4	4·28
Trichinopoly	1,286	34·6	26·8	18·9	22·7	27·3	22·9	19·5	26·1	21·1	21·5	16·3	17·3	22·9	461·1	8·55
Madras	1,361	18·8	16·0	17·4	24·9	29·3	19·4	20·6	27·6	23·0	19·7	21·2	27·9	21·9	357·1	5·88
St. Thomas' Mount	246	8·6	11·7	11·5	4·6	4·3	...	9·0	4·0	11·0	10·5	24·5	24·2	10·8	369·9	...
Vizianagram	810	28·3	36·0	24·7	26·8	22·9	28·6	31·0	28·7	39·7	36·6	31·2	27·6	30·3	579·0	17·28
Berhampur	387	49·9	63·4	64·6	35·0	14·2	5·7	11·2	28·7	21·6	12·5	20·4	14·3	29·5	475·5	12·92
—																
Darjeeling	128	41·4	86·6	47·9	25·4	34·8	43·5	25·4	25·0	33·3	32·8	34·0	14·5	37·2	914·1	...
Gantak	126	37·7	25·3	30·3	36·7	61·9	26·3	8·7	17·1	16·3	39·7	24·0	24·4	29·1	706·3	...
Almora and Outposts	703	55·6	25·7	16·5	21·8	30·7	28·2	35·1	26·4	15·1	8·9	17·8	25·0	24·1	549·1	9·96
Lansdowne	1,518	31·1	27·7	22·7	21·2	24·4	22·8	28·0	23·7	33·8	37·3	43·4	52·0	31·6	1,036·9	3·95

XXI—*concluded.*

STATIONS.	Average Annual Strength Present.	CONSTANTLY SICK PER 1,000 OF AVERAGE STRENGTH IN EACH MONTH.												Average constantly sick per 1,000 of strength.	Admission-rate per 1,000 of strength.	Death-rate per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.			
Simla and Jutogh	259	500·0	500·0	14·3	15·8	27·7	18·6	23·5	25·3	27·7	26·0	714·3	...	25·5	741·3	7·72
Dharmsala and Kangra	1,348	38·6	27·4	26·8	26·2	34·3	26·2	24·9	30·2	30·6	57·6	106·2	65·1	34·5	899·1	10·39
Bakloh	1,239	22·3	23·1	19·2	25·1	19·5	23·5	20.4	25·7	26·4	28·1	83·3	92·7	25·1	664·2	9·69
Murree Hills	217	...	...	...	...	30·0	35·4	32·3	30·7	30·4	19·0	...	...	30·0	834·1	4·61
Cherat	73	...	14·9	29·9	29·9	11·6	11·4	...	11·4	22·7	36·1	48·8	...	17·2	835·6	...
Quetta District	6,342	49·5	42·1	35·0	31·6	30·2	30·6	31·1	41·8	54·8	50·5	37·6	35·1	39·2	1,319·9	18·76
Abbottabad and Outposts	2,402	35·4	33·8	26·2	20·3	22·8	26·5	47·5	68·6	116·0	112·5	85·6	90·2	55·0	1,325·6	12·49
Samana Posts	499	46·7	59·9	44·9	25·3	29·1	37·4	39·6	46·7	53·8	49·9	44·1	42·4	43·1	1,410·8	26·05
Ootacamund	49	...	...	41·7	21·3	...	20·8	...	...	...	20·8	...	...	8·5	387·8	...
Shillong and Outposts	620	61·1	62·8	84·6	67·1	73·4	55·8	53·0	52·9	50·6	46·4	73·0	62·0	60·4	1,571·0	3·23
Fort White	126	41·5	18·7	21·9	48·0	22·3	50·8	43·9	26·3	34·8	30·6	21·3	23·8	33·2	809·5	15·87
Chin Hills	270	29·2	24·0	29·8	31·2	23·1	37·7	37·7	37·0	55·6	27·8	10·0	8·2	22·2	825·9	7·41
Waziristan Field Force	1,349	...	...	...	...	...	...	...	...	...	17·2	28·9	33·8	28·7	1,037·1	60·04
Bengal Troops marching, Bengal	4,518	14·9	7·1	5·6	5·2	2·7	3·8	4·7	6·5	5·9	9·5	12·5	10·6	9·4	472·8	6·86
Bengal Troops marching, Burma	6	...	33·3	...	...	...	...	...	...	...	...	...	...	14·3	333·3	...
Central India and Rajputana Corps marching	546	4·2	5·7	...	...	...	...	...	...	...	...	11·2	1·3	3·1	98·9	1·83
Bombay Troops in Bengal Command	143	56·9	58·4	40·5	...	...	...	...	...	...	...	...	...	55·9	1,951·0	13·99
Bombay Troops marching, Bombay	697	4·8	6·2	2·8	47·0	...	...	...	...	...	5·3	5·9	...	5·6	347·2	5·74
Bombay Troops marching, Bengal	39	266·7	41·1	23·5	...	...	...	...	...	1000·0	...	...	...	36·0	589·7	76·92
Bombay Troops marching in Quetta District	425	...	...	7·8	7·2	3·1	2·7	5·5	5·4	5·3	11·9	5·0	6·7	6·1	287·1	9·41
Bombay Troops marching, Burma	21	...	...	...	...	22·7	...	...	...	...	...	46·5	26·3	19·9	333·3	...
Hyderabad Contingent marching	507	...	...	...	...	...	...	...	...	...	...	9·3	18·9	8·7	329·4	3·94
Madras Troops in Bengal Command	78	...	4·0	...	...	...	...	...	...	...	...	...	...	1·1	76·9	...
Madras Troops marching, Madras	584	...	...	...	5·1	...	...	...	...	...	8·5	11·6	7·1	4·6	183·2	6·85
Madras Troops marching, Burma	997	6·8	7·6	5·4	9·7	8·1	...	2·5	1·9	1·4	4·2	9·5	4·2	6·0	205·6	8·02
Aden	1,057	82·1	60·4	36·8	30·1	98·6	117·8	85·3	57·2	50·1	54·6	88·2	63·5	69·1	3,193·0	15·14
Kurram	790	25·9	17·6	21·5	17·0	19·1	15·3	16·5	23·1	26·8	33·2	22·0	19·4	21·4	501·3	6·33
Khajuri Kach	382	42·6	45·5	41·0	36·9	27·4	34·1	65·1	58·4	43·9	37·4	26·4	25·5	38·4	1,272·3	15·71
Jandola	264	59·4	43·3	32·4	24·7	56·1	54·3	69·6	87·5	42·0	68·4	76·3	12·9	48·2	1,685·6	18·94
Gilgit	994	28·8	57·8	34·5	16·7	11·1	7·8	15·2	28·1	25·2	27·1	30·1	27·7	25·3	488·9	16·10
Kalat	243	47·6	33·5	40·9	21·2	44·8	48·9	41·8	42·4	50·7	29·4	45·0	36·2	41·2	938·3	32·92
Abor	51	21·3	17·4	16·9	...	...	...	...	...	...	...	...	...	18·1	902·0	176·47

NATIVE TROOPS, 1894.

XXII.

STATEMENT showing the RATIO in which the CHIEF DISEASES have contributed to make up the ADMISSION-RATE in each STATION of INDIA.

STATIONS.	Average Annual Strength Present.	ADMITTED INTO HOSPITAL PER 1,000 OF AVERAGE STRENGTH.																													
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Tonsillitis and Sorethroat.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Acute and Chronic Rheumatism.	Venereal Diseases.	Eye Diseases.	Guinea Worm.	Other Entozoa.	Diseases of the Integuments.	Injuries.	All other Causes.	ALL CAUSES.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
Port Blair	272	...	...	...	...	139·7	3·7	...	...	...	3·7	...	...	3·7	47·8	...	11·0	...	...	...	...	...	...	25·7	40·4	11·0	...	...	88·2	80·9	66·2	522·1
Moulmein	642	...	...	...	...	141·7	3·1	...	3·1	...	17·1	12·5	...	4·7	34·3	1·6	71·7	1·6	...	...	12·5	1·6	...	46·7	101·2	56·1	...	...	129·3	60·7	151·1	850·5
Rangoon	1,174	...	...	1·7	...	138·0	6·0	5·1	1·7	...	6·8	6·8	·9	11·1	25·6	2·6	90·3	7·7	...	...	2·6	·9	...	61·3	52·0	28·1	·9	16·2	133·7	63·9	207·8	871·4
Thayetmyo	546	...	...	...	...	139·2	3·7	5·5	1·8	...	9·2	1·8	...	1·8	16·5	1·8	47·6	49·5	1·8	...	1·8	...	...	16·5	16·5	18·3	...	...	54·9	27·5	58·6	474·4
Meiktila	706	...	...	...	...	73·7	1·4	...	...	...	11·3	...	1·4	1·4	53·8	...	25·5	2·8	...	5·7	...	1·4	1·4	38·2	14·2	15·6	...	...	73·7	38·2	19·8	379·6
Mindat-Sikaw	139	...	...	...	...	467·6	21·6	...	...	...	...	...	...	...	64·7	...	115·1	14·4	...	14·4	...	...	...	64·7	14·4	36·0	...	...	136·7	71·9	86·3	1,107·9
Myingyan	873	...	13·7	...	...	221·1	6·9	22·9	2·3	...	12·6	2·3	2·3	3·4	35·5	...	71·0	16·0	...	...	2·3	1·1	...	18·3	21·8	13·7	...	...	65·3	57·3	143·2	733·1
Haka	350	...	...	...	...	517·1	2·9	2·9	...	...	14·3	...	5·7	5·7	165·7	...	54·3	14·3	...	...	42·9	2·9	...	94·3	14·3	5·7	...	...	188·6	57·1	148·6	1,337·1
Falam	342	...	...	2·9	...	687·1	78·9	2·9	2·9	...	20·5	5·8	...	40·9	64·3	...	219·3	81·9	...	...	14·6	5·8	...	5·8	38·0	17·5	...	5·8	157·9	119·9	157·9	1,731·0
Tiddin	459	...	...	...	...	207·0	4·4	...	8·7	...	4·4	...	...	10·9	28·3	...	78·4	6·5	...	...	4·4	...	...	10·9	17·4	13·1	...	...	34·9	39·2	50·1	518·5
Kalemyo	50	...	...	...	...	540·0	20·0	...	20·0	...	20·0	...	...	...	...	...	40·0	...	...	...	...	...	...	20·0	...	...	...	...	...	20·0	20·0	700·0
Kalewa	61	...	16·4	...	...	1,131·1	...	...	...	...	16·4	...	...	16·4	49·2	...	163·9	98·4	...	...	...	...	...	49·2	32·8	...	...	...	196·7	49·2	163·9	1,983·6
Tigyaing	45	...	...	...	...	355·6	...	...	22·2	...	44·4	...	...	...	22·2	...	200·0	266·7	...	...	...	22·2	...	66·7	44·4	...	...	...	44·4	88·9	244·4	1,422·2
Kyaukmyaung	29	...	...	...	...	896·6	69·0	...	...	...	...	...	...	...	...	...	69·0	34·5	...	...	...	...	...	69·0	34·5	...	...	...	...	34·5	103·4	1,310·3
Bhamo	663	...	...	...	...	488·7	6·0	...	...	...	9·0	...	...	6·0	61·8	6·0	89·0	58·8	...	...	21·1	...	1·5	30·2	18·1	19·6	...	...	173·5	87·5	60·3	1,137·3
Thabeitkyin	32	...	...	...	...	1,000·0	...	...	...	...	...	...	...	...	...	...	31·2	31·2	...	...	31·2	...	...	...	...	31·2	...	...	...	31·2	218·8	1,375·0
Shwebo	350	...	...	...	...	217·1	...	...	...	...	...	5·7	...	2·9	8·6	...	25·7	5·7	2·9	...	2·9	...	...	45·7	42·9	8·6	...	...	25·7	40·0	85·7	520·0
Fort Dufferin (Mandalay)	1,561	...	5·1	...	...	278·0	3·8	7·0	...	...	3·2	1·3	·6	2·6	40·4	2·6	83·9	39·7	...	·6	5·8	·6	·6	26·9	72·4	19·9	...	·6	122·4	71·1	137·7	927·0
Nanpaung	101	...	...	...	...	663·4	...	...	...	...	19·8	...	...	9·9	49·5	...	99·0	49·5	...	...	39·6	...	...	19·8	9·9	19·8	...	...	188·1	89·1	207·9	1,465·3
Loikaw	91	...	...	...	...	945·1	...	...	...	...	11·0	...	...	...	87·9	11·0	153·8	44·0	...	...	22·0	...	...	44·0	44·0	22·0	...	...	98·9	120·9	373·6	1,978·0
Fort Stedman	488	...	...	...	...	274·6	...	16·4	...	...	10·2	2·0	...	6·1	36·9	10·2	67·6	8·2	...	...	6·1	4·1	2·0	20·5	24·6	18·4	4·1	2·0	96·3	32·8	200·8	844·3
Bampon	76	...	...	...	...	1,092·1	...	...	...	...	13·2	...	...	...	92·1	13·2	52·6	65·8	...	...	26·3	...	...	65·8	26·3	...	26·3	...	105·3	78·9	289·5	1,947·4
Smaller Outposts of Burma Inland	30	...	...	...	...	966·7	33·3	...	...	...	...	...	...	...	100·0	...	100·0	...	...	...	33·3	33·3	...	66·7	...	...	...	...	133·3	66·7	200·0	1,733·3
Silchar and Outposts	624	...	...	...	...	270·8	6·4	...	...	...	38·5	4·8	...	3·2	78·5	4·8	113·8	60·9	...	1·6	...	...	1·6	59·3	35·3	12·8	...	...	222·8	68·9	94·6	1,078·5
Dibrugarh ,, ,,	391	...	...	...	...	624·0	10·2	...	...	...	10·2	2·6	...	5·1	48·6	2·6	112·5	40·9	...	...	30·7	...	...	25·6	30·7	17·9	...	2·6	79·3	117·6	74·2	1,235·3
Kohima ,, ,	458	...	...	...	...	214·0	...	...	...	...	2·2	...	2·2	15·3	17·5	8·7	41·5	...	...	2·2	...	2·2	2·2	...	45·9	24·0	...	...	146·3	89·5	30·6	644·1
Manipur ,, ,,	996	...	1·0	...	17·1	392·6	...	6·0	8·0	...	2·0	...	4·0	16·1	81·3	6·0	52·2	19·1	1·0	2·0	2·0	...	...	10·0	80·3	56·2	...	1·0	84·3	111·4	83·3	1,037·2

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
Fort William, Alipore and Ballygunge	1,360	2·2	...	...	...	550·7	22·1	2·2	2·2	...	7·4	·7	2·2	3·7	93·4	6·6	116·2	19·1	...	·7	15·4	·7	1·5	39·0	37·5	7·4	25·7	...	185·3	76·5	101·5	1,319·9
Dum-Dum	129	...	...	...	...	155·0	7·8	15·5	...	...	...	...	...	...	46·5	...	100·8	7·8	...	...	...	...	7·8	7·8	46·5	...	...	...	77·5	124·0	31·0	627·9
Barrackpore	751	...	...	...	...	285·0	2·7	1·3	...	...	8·0	1·3	4·0	4·0	25·3	...	82·6	21·3	...	1·3	1·3	1·3	5·3	14·6	13·3	14·6	20·0	...	307·6	34·6	62·6	912·1
Buxa	294	...	...	...	...	163·3	...	...	...	...	3·4	3·4	...	3·4	23·8	3·4	20·4	13·6	...	...	17·0	...	...	10·2	6·8	3·4	...	13·6	122·4	105·4	142·9	656·5
Cuttack	294	...	...	...	...	81·6	...	...	...	...	...	3·4	3·4	3·4	30·6	...	13·6	...	...	...	...	3·4	...	44·2	54·4	3·4	...	...	102·0	44·2	47·6	435·4
Doranda	460	152·2	...	...	...	804·3	13·0	...	4·3	...	37·0	4·3	4·3	...	17·4	8·7	13·0	2·2	...	...	23·9	...	...	84·8	8·7	10·9	...	2·2	191·3	76·1	93·5	1,552·2
Dinapore	464	...	...	...	...	112·1	4·3	...	...	...	6·5	...	6·5	4·3	30·2	...	79·7	23·7	...	...	6·5	...	...	10·8	36·6	10·8	10·8	2·2	66·8	45·3	23·7	480·6
Benares	762	...	2·6	...	...	300·5	7·9	32·8	15·7	...	14·4	...	5·2	3·9	27·6	...	94·5	14·4	...	2·6	...	...	...	18·4	18·4	17·1	...	...	145·7	55·1	52·5	829·4
Fyzabad	1,092	1·8	·9	...	...	78·8	24·7	...	...	...	9·2	2·7	1·8	1·8	33·9	...	36·6	6·4	...	·9	·9	...	·9	22·0	17·4	11·9	·9	...	109·9	93·4	65·9	522·9
Lucknow	1,681	·6	10·7	...	...	114·8	11·9	...	13·1	...	·6	·6	1·8	5·4	28·0	1·2	20·2	7·1	...	·6	1·8	·6	...	12·5	23·8	21·4	...	...	84·5	102·9	88·6	552·6
Fatehgarh	149	...	...	...	...	275·2	6·7	...	...	...	20·1	...	13·4	...	6·7	...	33·6	26·8	...	...	6·7	...	...	67·1	13·4	13·4	...	...	67·1	40·3	33·6	624·2
Cawnpore	1,205	...	5·0	...	...	102·1	27·4	...	4·1	...	7·5	2·5	1·7	10·0	18·3	..	22·4	4·1	...	·8	5·8	...	·8	26·6	15·8	10·8	·8	·8	49·0	34·0	46·5	396·7
Allahabad	1,170	4·3	1·7	...	...	256·4	18·8	6·8	2·6	...	6·0	...	·9	1·7	44·4	4·3	92·3	11·1	...	·9	3·4	3·4	·9	31·6	14·5	23·9	...	·9	148·7	89·7	47·9	817·1
Bareilly	1,115	12·6	...	...	...	112·1	3·6	...	·9	...	1·8	·9	4·5	1·8	37·7	3·6	41·3	2·7	...	...	1·8	1·8	...	19·7	9·9	33·2	·9	...	92·4	86·1	37·7	506·7
Dehra Dun	1,733	8·1	...	...	...	251·0	11·5	·6	2·3	...	2·3	·6	11·5	4·0	30·0	6·3	16·7	3·5	...	...	4·0	·6	1·2	7·5	68·1	70·4	·6	...	81·9	88·3	80·8	751·9
Roorkee	779	...	...	...	...	116·8	14·1	1·3	...	...	2·6	...	1·3	6·4	9·0	1·3	7·7	2·6	...	2·6	...	...	1·3	3·9	10·3	18·0	...	...	83·4	60·3	29·5	372·3
Meerut	1,168	...	...	...	...	311·6	·9	·9	5·1	·9	5·1	1·7	·9	13·7	20·5	3·4	21·4	7·7	...	...	6·0	1·7	...	17·1	12·0	25·7	...	...	177·2	83·0	31·7	748·3
Delhi	779	...	...	...	...	599·5	29·5	3·9	3·9	...	2·6	...	...	21·8	23·1	1·3	127·1	18·0	...	...	3·9	...	1·3	11·6	24·4	30·8	...	...	192·6	55·2	46·2	1,196·4
Umballa	879	...	...	...	...	150·2	4·6	5·7	9·1	...	5·7	1·1	4·6	10·2	37·5	4·6	18·2	2·3	...	1·1	10·2	3·4	...	8·0	39·8	37·5	3·4	...	113·8	48·9	33·0	552·9
Ludhiana	43	...	...	...	...	814·0	...	...	...	...	46·5	...	...	46·5	23·3	...	69·8	23·3	...	...	...	...	...	186·0	23·3	46·5	...	...	209·3	46·5	116·3	1,651·2
Jullundur	1,030	7·8	...	...	...	443·7	13·6	...	1·9	1·0	4·9	1·0	1·0	2·9	20·4	5·8	30·1	5·8	...	...	2·9	1·0	1·0	8·7	29·1	28·2	2·9	...	122·3	80·6	59·2	875·7
Ferozepore	1,540	...	...	...	...	409·7	37·0	...	...	·6	5·2	...	2·6	16·9	39·6	2·6	29·9	5·2	...	·6	12·3	·6	·6	6·5	15·6	30·5	3·9	...	172·7	57·8	35·1	885·7
Sialkot	1,741	...	...	·6	...	193·0	10·3	6·3	...	·6	5·2	1·7	2·9	13·2	50·0	2·9	32·7	3·4	...	1·7	10·3	...	1·1	5·2	19·5	16·1	2·3	·6	102·8	58·0	40·8	581·3
Amritsar	180	...	...	...	...	277·8	22·2	...	22·2	...	...	5·6	...	27·8	33·3	...	55·6	5·6	...	...	5·6	...	...	5·6	33·3	38·9	...	5·6	327·8	16·7	33·3	916·7
Meean Meer	1,744	...	...	...	...	403·7	44·7	22·4	8·0	·6	1·1	1·1	2·3	21·8	61·9	4·6	32·1	8·0	...	·6	20·6	1·1	8·6	9·2	37·3	29·8	6·9	..	190·9	50·5	53·3	1,020·6
Jhelum	1,322	...	...	...	...	403·2	23·4	3·0	6·1	...	1·5	...	·8	14·4	53·0	6·1	43·1	4·5	...	2·3	18·2	·8	2·3	9·8	42·4	25·0	...	·8	202·7	49·2	55·2	967·5
Rawalpindi	2,002	...	·5	...	...	296·7	7·0	...	...	...	5·0	1·0	1·0	14·0	39·0	1·5	31·5	3·5	...	1·0	5·0	1·0	2·0	9·0	34·0	25·5	2·5	...	113·4	87·9	39·0	720·8
Mooltan	1,102	...	...	...	...	211·4	18·1	·9	...	1·8	6·4	·9	3·6	18·1	50·8	2·7	16·3	3·6	...	...	8·2	...	8·2	18·1	5·4	10·9	4·5	...	107·1	37·2	41·7	576·2
Attock	64	...	...	...	...	234·4	...	...	...	...	15·6	...	...	...	...	...	31·2	...	...	...	...	15·6	...	...	...	...	15·6	...	93·8	15·6	...	421·9
Nowshera	1,079	...	...	...	...	348·5	12·0	...	...	...	9·3	...	2·8	18·5	28·7	·9	21·3	5·6	...	...	2·8	·9	·9	9·3	14·8	13·0	...	...	92·7	62·1	44·5	688·6
Peshawar and Outposts . .	2,597	6·5	...	·8	·4	655·8	24·3	1·5	...	...	1·9	1·2	1·5	23·5	50·1	2·3	35·0	3·5	...	...	10·8	·4	2·3	8·9	27·7	17·3	1·2	...	176·7	36·2	42·7	1,132·5
Murdan ,, ,, . . .	1,058	...	...	...	...	328·0	15·1	...	·9	...	9·5	...	·9	31·2	55·8	·9	34·0	4·7	...	...	32·1	2·8	...	2·8	18·9	18·9	...	...	77·5	48·2	84·1	766·5
Kohat ,, ,, . . .	2,222	...	·5	...	·9	977·5	22·1	1·8	4·5	...	9·0	...	·5	50·9	163·4	3·2	63·0	7·2	...	·5	35·6	2·3	4·1	13·1	24·8	23·4	4·1	...	159·3	101·7	63·5	1,736·3
Edwardesabad ,, . . .	1,571	2·5	...	·6	...	1,015·3	14·6	17·8	...	...	12·7	3·8	2·5	50·9	81·5	6·4	32·5	9·5	...	...	25·5	·6	4·5	21·6	13·4	21·6	8·9	...	199·2	109·5	73·2	1,728·8
Dera Ismail Khan ,, . . .	1,774	...	...	...	...	582·3	28·7	2·8	5·1	·6	7·3	·6	2·3	26·5	75·5	6·8	63·1	14·1	...	·6	29·3	5·1	5·6	28·7	19·7	23·7	10·1	·6	360·8	128·5	64·8	1,493·2
Dera Ghazi Khan ,, . . .	1,212	...	...	...	...	756·6	25·6	...	4·1	...	5·0	·8	2·5	22·3	56·9	1·7	62·7	15·7	...	...	19·0	2·5	3·3	26·4	19·8	24·8	4·1	·8	194·7	141·9	67·7	1,458·7
Rajanpur	393	...	...	...	...	582·7	...	...	2·5	...	5·1	...	...	38·2	86·5	2·5	43·3	7·6	...	...	43·3	2·5	7·6	50·9	5·1	56·0	20·4	...	297·7	142·5	91·6	1,486·0
Jacobabad	637	...	...	6·3	...	412·9	7·8	33·0	...	...	6·3	...	...	1·6	31·4	1·6	39·2	1·6	...	3·1	15·7	3·1	4·7	15·7	33·0	23·5	...	...	200·9	73·8	47·1	962·3
Hyderabad	565	...	...	...	...	334·5	1·8	3·5	...	...	5·3	3·5	...	8·8	24·8	...	23·0	5·3	...	...	7·1	...	1·8	14·2	60·2	17·7	...	1·8	88·5	58·4	63·7	723·9
Kurrachee	688	...	...	...	...	588·7	11·6	626·5	...	...	14·5	4·4	...	1·5	61·0	5·8	42·2	18·9	...	2·9	10·2	2·9	10·2	27·6	34·9	13·1	1·5	...	184·6	53·8	129·4	1,845·9
Bhuj	645	142·6	...	...	1·6	102·3	1·6	6·2	...	...	9·3	3·1	...	17·1	23·3	4·7	15·5	1·6	...	...	7·8	...	29·5	60·5	58·9	15·5	3·1	...	131·8	60·5	60·5	756·6

NATIVE TROOPS, 1894.

XXII—*continued*.

The COMPOSITION *of the* ADMISSION-RATE *of each* STATION.

		ADMITTED INTO HOSPITAL PER 1,000 OF AVERAGE STRENGTH.																														
STATIONS.	Average Annual Strength Present.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Tonsillitis and Sore-throat.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Acute and Chronic Rheumatism.	Venereal Diseases.	Eye Diseases.	Guinea Worm.	Other Entozoa.	Diseases of the Integuments.	Injuries.	All other Causes.	ALL CAUSES.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
Agra	829	...	...	...	...	117·0	14·5	...	2·4	...	2·4	...	2·4	2·4	14·5	2·4	9·7	7·2	...	1·2	1·2	...	...	20·5	27·7	19·3	4·8	1·2	158·0	16·9	39·8	465·6
Jhansi	739	...	...	...	...	983·8	1·4	...	...	1·4	4·1	...	2·7	4·1	32·5	6·8	33·8	16·2	...	...	1·4	...	...	5·4	37·9	29·8	...	...	174·6	134·0	40·6	1,510·1
Nowgong	1,235	39·7	...	...	...	315·0	3·2	4·0	...	...	9·7	1·6	...	4·0	27·5	3·2	36·4	3·2	...	1·6	8·1	1·6	...	20·2	38·1	29·1	·8	...	242·1	65·6	70·4	925·5
Nasirabad	575	...	...	...	...	735·7	17·4	...	3·5	...	10·4	1·7	...	8·7	60·9	...	47·0	20·9	...	...	22·6	1·7	5·2	20·9	45·2	24·3	1·7	...	128·7	118·3	50·4	1,325·2
Neemuch	615	...	...	...	1·6	479·7	3·3	...	...	...	8·1	1·6	...	1·6	14·6	1·6	17·9	11·4	...	...	1·6	...	...	27·6	34·1	48·8	14·6	...	146·3	146·3	24·4	985·4
Indore	207	...	...	9·7	...	149·8	9·7	...	...	...	...	...	...	...	33·8	9·7	82·1	24·2	...	...	...	9·7	...	38·6	48·3	53·1	...	...	270·5	67·6	38·6	845·4
Sehore and Outposts	755	22·5	...	...	...	329·8	30·5	83·4	2·6	...	7·9	4·0	...	4·0	31·8	5·3	13·2	2·6	...	1·3	2·6	...	...	17·2	23·8	18·5	4·0	...	117·9	51·7	53·0	827·8
Mhow	1,199	...	...	5·0	...	194·3	3·3	·8	11·7	...	6·7	2·5	1·7	20·0	100·9	13·3	15·8	5·8	...	1·7	·8	1·7	4·2	15·0	82·6	44·2	17·5	...	178·5	82·6	35·9	846·5
Sadra	66	...	...	...	...	136·4	15·2	...	15·2	15·2	...	...	...	30·3	60·6	...	15·2	15·2	...	...	...	...	...	...	45·5	30·3	...	...	45·5	60·6	45·5	530·3
Agar	333	12·0	...	...	...	312·3	9·0	...	...	...	12·0	...	...	3·0	9·0	...	27·0	6·0	...	...	6·0	...	...	12·0	27·0	30·0	12·0	...	117·1	144·1	42·0	780·8
Goona	329	...	3·0	...	...	531·9	9·1	3·0	...	...	6·1	9·1	...	9·1	24·3	3·0	18·2	...	...	6·1	3·0	...	...	15·2	15·2	24·3	3·0	3·0	79·0	109·4	94·2	969·6
Sirdarpore and Outposts	493	14·2	...	...	...	223·1	8·1	6·1	...	...	18·3	...	...	20·3	71·0	4·1	4·1	16·2	...	...	18·3	4·1	...	22·3	10·1	101·4	50·7	...	46·7	75·1	22·3	736·3
Kherwara ,, ,,	572	...	...	5·2	...	251·7	10·5	...	...	...	12·2	1·7	...	22·7	82·2	1·7	14·0	1·7	...	...	5·2	...	...	12·2	8·7	47·2	94·4	...	155·6	35·0	14·0	776·2
Erinpura ,, ,,	719	...	...	...	...	452·0	22·3	...	4·2	...	5·6	...	...	19·5	16·7	...	22·3	36·2	...	...	2·8	1·4	...	38·9	5·6	50·1	15·3	...	64·0	40·3	66·8	863·7
Deoli ,, ,,	745	2·7	...	1·3	...	220·1	10·7	...	1·3	...	9·4	...	...	8·1	20·1	...	4·0	1·3	...	...	4·0	...	...	20·1	13·4	40·3	13·4	...	99·3	100·7	32·2	602·7
Ajmere ,, ,,	597	55·3	...	...	...	144·1	26·8	...	6·7	...	13·4	...	1·7	5·0	36·9	1·7	5·0	1·7	...	1·7	23·5	10·1	1·7	67·0	21·8	35·2	5·0	...	38·5	41·9	30·2	574·5
Deesa	1,023	...	...	...	...	405·7	5·9	3·9	2·0	...	13·7	1·0	...	14·7	61·6	6·8	22·5	4·9	...	4·9	9·8	...	1·0	26·4	38·1	63·5	4·9	1·0	187·7	50·8	60·6	991·2
Ahmedabad	522	515·3	...	...	...	818·0	1·9	...	9·6	...	5·7	...	...	11·5	92·0	1·9	44·1	21·1	1·9	...	24·9	1·9	5·7	32·6	49·8	23·0	3·8	...	216·5	61·3	82·4	2,024·9
Rajkot	808	...	...	...	...	1,086·6	1·2	...	1·2	...	3·7	1·2	1·2	2·5	13·6	3·7	32·2	23·5	...	...	6·2	1·2	47·0	13·6	18·6	11·1	18·6	1·2	116·3	45·8	21·0	1,471·5
Baroda	582	...	1·7	...	...	680·4	5·2	...	1·7	...	12·0	...	1·7	10·3	51·5	...	32·6	3·4	...	1·7	1·7	5·2	3·4	17·2	30·9	17·2	5·2	...	123·7	41·2	53·3	1,101·4
Surat	134	...	7·5	...	...	664·2	...	...	7·5	...	44·8	...	...	14·9	97·0	7·5	52·2	89·6	...	22·4	59·7	...	22·4	44·8	...	37·3	...	...	149·3	97·0	126·9	1,544·8
Jubbulpore	844	...	...	...	1·2	545·0	2·4	...	3·6	...	3·6	...	1·2	...	9·5	...	40·3	...	...	...	...	1·2	...	42·7	23·7	7·1	...	...	80·6	105·4	21·3	888·6
Saugor	966	...	...	...	...	534·2	22·8	...	9·3	...	9·3	...	1·0	7·2	20·7	3·1	44·5	3·1	...	1·0	12·4	2·1	...	31·1	36·2	6·2	...	...	152·2	58·0	48·7	1,003·1
Sambalpur	267	3·7	...	...	11·2	415·7	7·5	3·7	...	...	11·2	3·7	3·7	...	33·7	3·7	67·4	11·2	...	...	...	...	...	15·0	18·7	18·7	7·5	...	56·2	48·7	48·7	790·3
Kamptee	647	...	...	...	...	428·1	3·1	24·7	7·7	...	3·1	...	...	10·8	24·7	...	18·5	3·1	...	3·1	1·5	3·1	1·5	4·6	38·6	12·4	13·9	...	128·3	75·7	34·0	840·8
Sitabaldi	94	...	...	...	...	393·6	...	21·3	...	...	31·9	31·9	...	...	85·1	...	53·2	...	...	...	...	...	...	42·6	53·2	31·9	...	...	287·2	106·4	31·9	1,170·2
Raipur	434	6·9	...	...	...	433·2	9·2	6·9	4·6	...	4·6	...	4·6	11·5	16·1	...	32·3	4·6	...	4·6	...	2·3	...	4·6	41·5	41·5	9·2	...	96·8	50·7	41·5	827·2
Sutna	38	...	...	...	...	447·4	...	...	...	...	...	...	...	...	26·3	...	105·3	...	...	26·3	26·3	...	...	...	184·2	52·6	...	...	105·3	131·6	...	1,105·3
Asirgarh	43	...	...	...	...	604·7	23·3	23·3	...	...	...	...	...	...	69·8	23·3	23·3	23·3	...	23·3	...	...	...	23·3	23·3	23·3	23·3	...	23·3	116·3	69·8	1,116·3
Malegaon	100	...	10·0	...	...	300·0	30·0	...	...	...	20·0	...	...	...	120·0	10·0	40·0	10·0	...	...	...	...	...	40·0	80·0	60·0	20·0	...	180·0	190·0	120·0	1,230·0
Ahmednagar	574	...	...	...	1·7	271·8	...	3·5	...	...	12·2	...	1·7	10·5	12·2	...	27·9	5·2	...	...	...	...	...	5·2	38·3	38·3	1·7	...	80·1	73·2	17·4	601·0
Sirur	511	3·9	2·0	...	...	283·8	50·9	...	2·0	...	29·4	2·0	...	...	37·2	...	43·1	9·8	...	3·9	...	2·0	...	23·5	25·4	21·5	11·7	...	152·6	148·7	45·0	898·2
Poona	2,414	...	...	...	...	307·4	7·0	13·3	5·0	...	8·3	2·1	·4	10·8	26·9	5·4	60·5	21·5	·4	2·1	1·7	·8	2·5	21·5	44·3	20·3	7·5	1·2	177·3	173·6	79·1	1,000·8
Kirkee	1,018	...	...	1·0	2·0	382·1	12·8	2·0	1·0	...	9·8	1·0	...	1·0	50·1	6·9	50·1	15·7	1·0	4·9	15·7	1·0	2·0	34·4	59·9	58·9	6·9	...	112·0	85·5	112·0	1,029·5
Satara	677	...	38·4	3·0	...	283·6	8·9	3·0	...	...	13·3	1·5	...	7·4	22·2	1·5	10·3	...	...	...	...	...	3·0	10·3	36·9	26·6	8·9	...	144·8	65·0	42·8	731·2
Belgam	1,488	4·0	...	6·0	·7	42·3	24·9	30·9	3·4	...	6·7	·7	2·0	3·4	9·4	·7	5·4	1·3	...	...	...	·7	...	24·2	65·2	22·2	...	·7	34·3	19·5	46·4	354·8
Ellichpur	765	44·4	1·3	...	...	640·5	3·9	...	2·6	...	...	...	...	20·9	15·7	2·6	32·7	2·6	...	...	2·6	...	1·3	17·0	44·4	51·0	1·3	...	115·0	69·3	49·7	1,119·0
Aurangabad	1,228	19·5	...	...	...	258·1	3·3	18·7	4·9	·8	4·1	...	1·6	2·4	11·4	1·6	22·0	1·6	...	...	·8	·8	...	16·3	18·7	17·1	2·4	...	71·7	66·0	32·6	576·5
Jalna	723	...	2·8	...	...	423·2	19·4	15·2	11·1	...	1·4	...	...	22·1	15·2	...	12·4	1·4	...	...	...	...	...	16·6	4·1	6·9	...	...	65·0	34·6	33·2	684·6
Hingoli	1,146	23·6	2·6	6·1	...	378·7	30·5	...	4·4	...	4·4	1·7	...	10·5	5·2	1·7	17·5	...	...	...	1·7	·9	...	14·0	25·3	17·5	9·6	·9	73·3	68·9	15·7	714·7
Mominabad	438	...	4·6	...	...	162·1	6·8	47·9	...	...	2·3	2·3	...	2·3	...	...	4·6	13·7	...	...	...	...	...	6·8	4·6	18·3	9·1	...	75·3	77·6	27·4	465·8
Bolarum	1,381	2·2	·7	...	...	119·5	8·7	5·1	2·9	...	2·9	·7	...	2·2	15·9	2·2	11·6	2·9	...	...	·7	...	1·4	9·4	13·8	17·4	...	...	119·5	56·5	37·7	433·7

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
Raichur	735	76·2	...	...	...	176·9	4·1	...	...	...	4·1	1·4	...	13·6	21·8	2·7	15·0	2·7	...	...	2·7	...	...	9·5	19·0	13·6	...	...	77·6	114·3	50·3	605·4
Secunderabad	3,712	32·1	2·2	1·9	...	540·1	23·2	4·6	4·8	...	4·6	2·7	...	12·7	25·6	·3	21·6	4·6	...	1·3	4·0	·5	·3	33·4	26·9	50·1	·5	·3	125·8	72·7	35·8	1,032·6
Thana	104	...	...	...	...	230·8	9·6	28·8	...	...	19·2	19·2	...	...	28·8	19·2	96·2	48·1	...	...	28·8	...	...	9·6	19·2	...	...	...	28·8	48·1	96·2	730·8
Bombay	1,522	...	2·0	3·3	...	360·7	15·1	50·6	7·2	...	7·9	...	·7	8·5	46·6	6·6	149·1	26·3	...	2·6	·7	...	6·6	26·3	51·9	24·3	4·6	·7	156·4	78·2	70·3	1,107·1
Butcher's Island	21	...	...	...	...	142·9	...	...	...	...	...	...	...	...	47·6	...	...	...	...	...	...	...	...	...	47·6	...	...	...	...	...	47·6	285·7
Cannanore	722	...	...	...	...	135·7	1·4	2·8	1·4	...	6·9	1·4	...	2·8	12·5	5·5	115·0	47·1	...	...	...	...	...	23·5	51·2	24·9	...	...	207·8	37·4	77·6	754·8
Trichoor	90	...	...	...	...	144·4	...	...	...	...	22·2	11·1	...	11·1	22·2	...	22·2	...	...	...	...	...	...	88·9	11·1	22·2	...	...	166·7	55·6	44·4	622·2
Quilon	477	...	...	...	...	39·8	...	180·3	4·2	...	2·1	4·2	4·2	2·1	10·5	2·1	4·2	8·4	...	2·1	...	2·1	...	23·1	92·2	39·8	2·1	2·1	262·1	46·1	100·6	834·4
Trivandrum	77	26·0	...	...	...	...	...	51·9	...	...	26·0	...	13·0	...	...	...	26·0	13·0	...	...	...	...	...	116·9	39·0	26·0	...	...	155·8	64·9	64·9	623·4
Bangalore	3,627	...	·8	·3	...	79·4	3·6	56·0	13·5	...	6·3	1·4	...	8·3	16·8	3·0	14·9	3·3	...	·8	2·2	·8	...	16·5	28·9	32·3	·8	·6	96·8	73·6	54·6	515·6
Bellary	1,167	...	·9	...	...	168·8	...	·9	8·6	...	9·4	...	...	12·9	18·9	...	18·0	...	...	...	3·4	...	...	22·3	56·6	45·4	3·4	...	70·3	72·0	72·8	584·4
Trichinopoly	1,286	2·3	2·3	...	...	49·0	15·6	38·1	·8	·8	7·0	2·3	...	3·1	15·6	·8	7·0	3·9	...	3·9	·8	·8	...	25·7	42·0	21·0	·8	...	126·0	28·8	63·0	461·1
Madras	1,361	·7	...	...	...	64·7	3·7	4·4	3·7	·7	2·2	1·5	2·2	3·7	7·3	1·5	24·2	5·1	...	...	...	2·2	...	25·0	29·4	17·6	...	·7	61·0	28·7	66·9	357·1
St. Thomas' Mount	246	...	...	4·1	...	109·8	...	...	4·1	...	...	...	...	...	20·3	...	...	8·1	...	...	...	...	...	24·4	12·2	32·5	...	...	101·6	20·3	32·5	369·9
Vizianagram	810	...	...	2·5	...	135·8	1·2	...	...	...	2·5	1·2	...	2·5	9·9	1·2	12·3	...	...	...	...	3·7	...	13·6	74·1	40·7	1·2	...	106·2	42·0	128·4	579·0
Berhampur	387	...	...	...	...	72·4	2·6	23·3	5·2	...	12·9	2·6	...	7·8	12·9	...	10·3	...	...	2·6	2·6	...	...	51·7	20·7	12·9	...	...	142·1	25·8	67·2	475·5
Darjeeling	128	...	...	...	...	132·8	...	...	...	...	15·6	...	...	...	85·9	...	164·1	7·8	...	7·8	15·6	...	7·8	54·7	132·8	7·8	...	...	171·9	62·5	46·9	914·1
Gantak	126	...	...	...	...	230·2	31·7	...	...	...	39·7	7·9	...	...	39·7	...	63·5	15·9	...	...	...	...	...	31·7	7·9	...	...	...	47·6	79·4	111·1	706·3
Almora and Outposts	703	1·4	...	...	...	160·7	55·5	32·7	...	...	1·4	1·4	1·4	7·1	12·8	...	14·2	1·4	...	1·4	...	...	...	19·9	15·6	18·5	...	2·8	49·8	116·6	34·1	549·1
Lansdowne	1,518	1·3	...	1·3	...	401·8	5·9	7·2	14·5	...	7·9	...	4·6	7·9	52·7	4·0	27·7	17·1	...	2·6	7·9	·7	...	35·6	38·2	9·9	...	...	105·4	137·7	144·9	1,036·9
Simla and Jutogh	259	...	...	...	...	200·8	19·3	...	...	...	...	...	...	11·6	30·9	3·9	61·8	30·9	...	7·7	3·9	...	3·9	11·6	96·5	19·3	3·9	3·9	81·1	119·7	30·9	741·3
Dharmsala and Kangra	1,348	144·7	...	1·5	...	232·9	32·6	40·1	·7	...	6·7	...	5·2	3·7	27·4	3·7	20·0	8·9	...	...	3·0	...	·7	17·8	83·1	27·4	...	...	53·4	137·2	48·2	899·1
Bakloh	1,239	...	...	...	...	276·8	8·1	...	1·6	...	3·2	...	4·0	·8	35·5	2·4	18·6	1·6	...	...	7·3	...	5·6	21·8	38·7	16·9	...	...	54·9	123·5	42·8	664·2
Murree Hills	217	...	...	...	...	96·8	4·6	87·6	...	...	4·6	...	...	9·2	23·0	4·6	18·4	4·6	...	4·6	...	...	4·6	27·6	69·1	46·1	...	...	161·3	212·0	55·3	834·1
Cherat	73	...	...	...	...	438·4	...	...	...	...	...	...	...	27·4	41·1	...	164·4	...	...	...	...	...	...	13·7	41·1	...	...	...	82·2	27·4	...	835·6
Quetta	6,342	7·7	...	·2	...	692·1	43·7	6·5	...	·2	6·1	1·6	·9	30·3	49·4	12·1	64·6	16·9	·3	1·3	14·8	1·9	9·0	21·8	29·8	16·6	5·4	·5	102·2	74·7	109·6	1,319·9
Abbottabad	2,402	...	...	·8	...	866·4	14·2	2·9	·4	...	6·7	·8	4·6	26·2	47·9	·8	29·6	9·6	...	·8	26·2	·4	5·0	22·9	25·8	26·2	5·8	...	74·1	71·6	55·8	1,325·6
Samana Posts	499	...	...	...	...	458·9	20·0	...	...	...	20·0	2·0	2·0	36·1	118·2	12·0	88·2	44·1	...	4·0	26·1	...	22·0	32·1	4·0	12·0	12·0	...	266·5	120·2	110·2	1,410·8
Ootacamund	49	...	...	...	...	...	...	81·6	..	...	20·4	...	...	20·4	...	...	20·4	...	...	...	...	...	...	40·8	20·4	20·4	...	...	40·8	...	122·4	387·8
Shillong and Outposts	620	...	...	...	...	538·7	25·8	...	53·2	...	6·5	...	3·2	...	69·4	3·2	69·4	17·7	...	3·2	17·7	...	3·2	38·7	153·2	87·1	...	8·1	150·0	133·9	188·7	1,571·0
Fort White	126	...	...	...	...	214·3	...	...	7·9	...	...	...	...	...	47·6	...	63·5	...	...	...	23·8	...	...	31·7	71·4	7·9	...	...	206·3	39·7	95·2	809·5
Chin Hills	270	...	...	...	...	325·9	3·7	11·1	...	...	3·7	...	...	...	51·9	...	125·9	37·0	...	...	...	...	...	40·7	18·5	...	...	...	55·6	81·5	70·4	825·9
Waziristan Field Force	1,349	...	...	5·9	...	260·2	16·3	3·7	...	·7	3·7	...	·7	86·0	80·8	5·2	122·3	16·3	...	·7	11·9	·7	7·4	19·3	28·9	6·7	...	...	154·2	145·0	60·0	1,037·1
Bengal Troops marching, Bengal	4,518	...	·7	...	...	183·5	8·4	2·2	...	·4	1·3	...	...	10·8	23·5	·7	33·6	10·0	...	·2	2·4	·2	1·1	11·5	25·7	5·3	·4	·4	52·2	73·7	24·3	472·8
Bengal Troops marching, Burma	6	...	...	...	...	...	...	...	...	...	...	...	...	...	166·7	...	166·7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	333·3
Central India and Rajputana Corps marching	546	...	...	...	...	65·9	...	...	...	...	...	...	...	...	1·8	1·8	...	...	...	...	1·8	...	...	1·8	...	...	...	...	22·0	...	3·7	98·9
Bombay Troops in Bengal Command	143	...	...	...	...	650·3	21·0	...	...	...	42·0	...	...	...	328·7	7·0	160·8	76·9	...	...	7·0	...	...	90·9	21·0	35·0	7·0	...	83·9	174·8	244·8	1,951·0
Bombay Troops marching, Bombay	697	...	...	...	...	153·5	4·3	10·0	...	...	2·9	...	1·4	2·9	23·0	...	20·1	7·2	...	...	...	...	2·9	2·9	8·6	2·9	1·4	...	45·9	34·4	23·0	347·2
Bombay Troops marching, Bengal	39	...	...	...	...	153·8	25·6	...	...	...	...	...	...	25·6	51·3	25·6	25·6	25·6	...	...	...	...	...	...	25·6	...	25·6	...	51·3	25·6	128·2	589·7
Bombay Troops marching in Quetta District	425	...	...	...	...	129·4	...	7·1	...	...	2·4	...	...	4·7	9·4	7·1	14·1	7·1	...	...	...	...	2·4	4·7	...	...	...	...	28·2	47·1	23·5	287·1
Bombay Troops marching, Burma	21	...	...	...	...	47·6	...	...	...	...	..	...	...	...	47·6	...	47·6	95·2	...	...	...	...	...	...	...	...	...	...	...	...	95·2	333·3
Hyderabad Contingent marching	507	...	3·9	...	...	136·1	25·6	3·9	...	...	...	...	...	2·0	11·8	2·0	17·8	...	...	...	...	...	...	5·9	21·7	2·0	...	...	45·4	37·5	13·8	329·4
Madras Troops in Bengal Command	78	...	...	...	...	25·6	...	...	...	...	...	...	...	...	25·6	...	...	...	...	...	...	...	...	...	...	...	...	...	12·8	...	12·8	76·9
Madras Troops marching, Madras	584	...	...	...	...	59·9	...	...	...	...	1·7	...	...	...	...	1·7	10·3	12·0	...	1·7	...	...	...	3·4	20·5	6·8	...	...	24·0	29·1	12·0	183·2
Madras Troops marching, Burma	997	...	...	...	...	85·3	2·0	2·0	...	...	2·0	...	...	1·0	10·0	1·0	31·1	8·0	...	...	...	...	...	2·0	7·0	5·0	...	...	10·0	21·1	18·1	205·6
Aden	1,057	15·1	...	...	·9	2,057·7	10·4	·9	230·8	...	12·3	1·9	2·8	3·8	61·5	2·8	193·0	34·1	...	1·9	26·5	2·8	25·5	45·4	51·1	10·4	·9	...	166·5	89·9	143·8	3,193·0
Kurram	790	...	...	...	...	112·7	10·1	...	...	...	7·6	1·3	1·3	6·3	45·6	5·1	22·8	13·9	...	1·3	13·9	3·8	6·3	16·5	12·7	11·4	...	1·3	107·6	54·4	45·6	501·3
Khajuri Kach	382	...	...	...	5·2	489·5	36·6	13·1	...	...	2·6	...	...	18·3	36·6	5·2	185·9	10·5	2·6	...	7·9	...	5·2	15·7	2·6	15·7	20·9	...	240·8	78·5	78·5	1,272·3
Jandola	264	...	...	...	...	655·3	53·0	...	...	...	18·9	7·6	...	34·1	117·4	7·6	303·0	26·5	...	3·8	30·3	...	11·4	30·3	11·4	22·7	...	...	147·7	132·6	72·0	1,685·6
Gilgit	994	...	...	...	...	81·5	8·0	1·0	...	1·0	7·0	2·0	...	2·0	12·1	3·0	53·3	11·1	...	...	6·0	1·0	73·4	11·1	27·2	13·1	...	...	68·4	59·4	47·3	488·9
Kalat	243	...	...	...	...	345·7	16·5	94·7	...	...	...	20·6	...	70·0	127·6	8·2	32·9	4·1	...	...	...	4·1	...	12·3	28·8	24·7	4·1	...	45·3	20·6	78·2	938·3
Abor	51	...	...	...	...	98·0	...	..	...	...	...	...	...	...	...	19·6	19·6	58·8	...	...	...	...	19·6	19·6	78·4	19·6	...	...	137·3	392·2	39·2	902·0

NATIVE TROOPS, 1894.

XXIII.

STATEMENT showing the RATIO in which the CHIEF DISEASES have contributed to make up the DEATH-RATE in each STATION of INDIA.

STATIONS.	Average Annual Strength Present.	Died per 1,000 of Average Annual Strength present.																								
		Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Injuries.	Suicide.	All other Causes.	All Causes.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Port Blair	272	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3·68	...	...	3·68
Moulmein	642	...	...	...	1·56	...	...	...	...	1·56	...	...	...	...	1·56	...	...	...	...	...	...	...	...	...	1·56	6·23
Rangoon	1,174	...	...	...	...	...	...	...	...	...	...	...	1·70	...	·85	...	...	...	...	...	...	4·26	...	·85	6·81	14·48
Thayetmyo	546	...	...	...	3·66	1·83	...	...	...	...	...	1·83	...	...	1·83	1·83	1·83	...	1·83	...	...	...	...	...	...	14·65
Meiktila	706	...	...	...	...	...	...	...	...	...	...	1·42	...	...	...	...	...	...	...	...	...	...	...	...	...	1·42
Mindat-Sikaw	139	...	...	...	...	7·19	...	...	...	...	...	...	...	...	7·19	...	...	7·19	...	...	...	7·19	...	...	...	28·78
Myingyan	873	9·16	...	...	1·15	...	...	...	...	1·15	...	1·15	2·29	2·29	2·29	...	...	...	...	1·15	...	...	1·15	...	1·15	22·91
Haka	350	...	...	...	...	...	...	...	...	...	...	...	...	...	2·86	...	...	...	...	...	...	...	...	...	...	2·86
Falam	342	...	...	...	2·92	2·92	...	2·92	...	...	2·92	...	8·77	...	5·85	...	...	...	...	2·92	...	...	...	...	8·77	38·01
Tiddin	459	...	...	...	2·18	2·18	...	...	...	...	...	...	...	2·18	2·18	...	...	...	...	...	...	2·18	2·18	...	2·18	15·25
Kalemyo	50	...	...	...	...	20·00	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	20·00
Kalewa	61	16·39	...	...	16·39	...	...	...	...	...	...	...	16·39	16·39	...	...	...	...	...	...	...	...	...	...	32·79	98·36
Tigyaing	45	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kyaukmyaung	29	...	...	...	...	...	...	...	...	...	...	...	...	...	...	34·48	...	...	...	...	...	...	34·48	...	...	68·97
Bhamo	663	...	...	...	1·51	3·02	...	...	...	...	...	...	...	1·51	3·02	1·51	...	...	...	...	...	1·51	...	...	1·51	13·57
Thabeitkyin	32	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Shwebo	350	...	...	...	2·86	...	...	...	...	...	...	...	...	...	...	...	2·86	...	...	...	...	...	...	...	2 86	8·57
Fort Dufferin (Mandalay)	1,561	3·84	...	...	...	1·28	...	...	...	...	...	...	·64	1·28	1·28	1·92	...	...	...	·64	...	2·56	...	...	...	13·45
Nanpaung	101	...	...	...	...	...	...	...	...	...	...	...	9·90	...	...	9·90	...	...	...	...	...	...	...	...	...	19·80
Loikaw	91	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10·99	...	...	...	10·99
Fort Stedman	488	...	...	...	...	...	...	...	...	...	2·05	...	4·10	2·05	2·05	...	...	...	...	...	...	2·05	...	...	6·15	18·44
Bampon	76	...	...	...	...	...	...	...	...	13·16	...	...	...	...	...	13·16	...	...	...	...	...	13·16	...	...	...	39·47
Smaller Outposts of Burma Inland	30	...	...	...	...	33·33	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	33·33
Silchar and Outposts	624	...	...	...	...	...	...	...	...	...	4·81	...	3·21	...	1·60	...	...	...	...	...	...	...	...	...	1·60	11·22
Dibrugarh ,,	391	...	...	...	...	...	...	...	...	...	...	...	2·56	...	2·56	5·12	...	...	...	...	...	...	...	...	2·56	12·79
Kohima ,,	458	...	...	...	...	...	...	...	...	...	...	4·37	2·18	...	...	...	...	...	...	2·18	...	...	...	...	2·18	10·92
Manipur ,,	996	...	...	...	1·00	...	...	...	...	...	...	3·01	2·01	1·00	...	...	1·00	...	...	...	...	1·00	3·01	...	...	12·05
Fort William, Alipore and Ballygunge	1,360	...	...	...	2·94	...	...	·74	...	...	...	1·47	2·21	1·47	1·47	·74	...	...	...	...	...	·74	...	...	·74	12·50
Dum-Dum	129	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Barrackpore	751	...	...	...	2·66	1·33	...	...	...	1·33	...	2·66	1·33	...	...	...	...	...	...	...	...	...	1·33	...	...	10·65
Buxa	294	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3·40	3·40
Cuttack	294	...	...	...	...	...	...	...	...	...	3·40	...	...	...	...	...	...	...	...	3·40	...	...	...	...	...	6·80

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Doranda	460	...	...	...	...	4·35	...	...	...	...	...	...	...	2·17	...	...	...	...	...	...	...	...	...	...	...	6·52
Dinapore	464	...	...	...	...	2·16	...	...	...	...	...	...	...	...	2·16	...	...	...	...	...	...	...	...	...	2·16	6·47
Benares	762	1·31	...	...	2·62	...	...	...	...	...	...	1·31	...	1·31	5·25	...	...	1·31	...	...	...	...	...	1·31	1·31	15·75
Fyzabad	1,092	...	...	...	·92	·92	...	...	...	...	·92	...	·92	...	...	...	...	...	...	...	...	...	...	1·83	...	5·49
Lucknow	1,681	4·16	...	...	...	2·38	...	...	...	...	...	·59	1·19	·59	...	...	...	...	...	...	...	...	...	1·19	·59	10·71
Fatehgarh	149	...	...	...	6·71	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6·71
Cawnpore	1,205	4·15	...	...	·83	1·66	...	...	...	...	...	·83	1·66	...	...	·83	...	...	...	...	...	...	...	...	1·66	11·62
Allahabad	1,170	1·71	...	...	...	·85	...	...	...	·85	...	...	·85	...	·85	...	...	...	...	...	...	...	...	...	...	5·13
Bareilly	1,115	...	...	...	...	...	...	...	...	...	...	...	...	...	·90	...	...	...	...	...	...	...	·90	...	·90	2·69
Dehra Dun	1,733	...	...	...	...	·58	...	...	...	...	·58	5·77	...	...	1·58	...	...	...	...	...	·58	1·15	·58	...	2·31	12·12
Roorkee	779	...	...	...	...	2·57	...	...	...	...	...	...	1·28	...	...	...	...	...	...	...	...	...	...	1·28	1·28	6·42
Meerut	1,168	...	...	...	...	...	...	...	·86	...	·86	...	1·71	...	1·71	...	...	...	...	...	...	...	1·71	...	...	6·85
Delhi	779	...	...	...	...	6·42	1·28	...	...	1·28	...	...	8·99	1·28	...	1·28	...	...	...	...	...	1·28	...	...	...	21·82
Umballa	879	...	...	...	...	...	1·14	...	...	...	1·14	2·28	3·41	1·14	...	...	...	...	1·14	...	...	...	...	...	...	10·24
Ludhiana	43	...	...	...	...	...	...	...	...	...	...	...	23·26	...	...	...	...	...	...	...	...	...	...	...	...	23·26
Jullundur	1,030	...	...	...	·97	2·91	...	...	·97	...	...	...	...	...	·97	...	...	...	...	...	...	...	...	...	1·94	7·77
Ferozepore	1,540	...	...	...	...	3·90	...	...	·65	...	...	·65	4·35	·65	...	·65	...	...	...	...	...	...	...	...	·65	11·69
Sialkot	1,741	...	...	...	...	...	...	...	·57	·57	...	...	2·30	·57	...	...	...	...	...	...	...	...	1·15	...	·57	5·74
Amritsar	180	...	...	...	...	...	...	...	...	...	...	5·56	11·11	5·56	...	...	...	...	...	...	...	...	...	...	...	22·22
Meean Meer	1,744	...	...	...	...	5·73	...	...	·57	...	...	·57	8·60	·57	...	...	...	...	...	...	...	...	·57	·57	1·15	18·35
Jhelum	1,322	...	...	...	...	1·51	...	...	...	·76	...	...	4·54	2·27	...	...	...	...	...	...	...	...	...	...	2·27	11·35
Rawalpindi	2,002	...	...	...	1·00	2·50	...	...	...	·50	·50	...	4·50	2·00	...	...	...	...	·50	...	...	...	·50	...	·50	12·49
Mooltan	1,102	...	...	...	...	·91	...	...	1·81	...	...	·91	5·44	·91	...	...	...	...	...	...	...	...	...	...	·91	10·89
Attock	64	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowshera	1,079	...	...	...	·93	·93	...	...	...	...	...	...	·93	·93	·93	...	...	...	...	...	...	...	...	...	·93	5·56
Peshawar and Outposts	2,597	...	...	·39	·77	6·16	...	...	·39	...	·77	·77	7·32	1·16	·39	·39	...	...	·39	...	...	...	1·16	·39	1·93	22·33
Murdan ,,	1,058	...	...	...	...	4·73	...	...	...	...	...	...	10·40	...	...	...	...	...	...	...	...	...	...	...	...	15·12
Kohat ,,	2,222	·45	...	·45	·45	2·25	...	...	...	...	·45	...	7·20	1·35	...	...	...	...	...	·45	...	...	...	·90	...	13·95
Edwardesabad ,,	1,571	...	...	...	1·91	1·27	...	...	...	...	...	·64	15·91	·64	...	...	...	...	...	...	...	·64	...	...	...	21·01
Dera Ismail Khan ,,	1,774	...	...	...	·56	1·69	...	...	...	...	·56	·56	4·51	·56	...	...	...	...	...	·56	...	...	·56	...	...	9·58
Dera Ghazi Khan ,,	1,212	...	...	...	...	1·65	...	...	...	...	·83	...	3·30	1·65	...	...	...	...	...	...	...	...	1·65	...	...	9·08
Rajanpur ,,	393	...	...	...	...	...	...	...	...	...	...	...	5·09	2·54	...	...	...	...	...	...	...	...	2·54	...	...	10·18
Jacobabad	637	...	...	...	...	1·57	...	...	...	...	...	...	...	7·85	...	...	...	...	...	1·57	...	...	...	...	...	10·99
Hyderabad	565	...	...	...	...	1·77	...	...	...	...	...	...	1·77	1·77	...	...	...	...	...	...	...	...	...	...	...	5·31
Kurrachee	688	...	...	...	...	2·91	...	...	...	...	...	...	...	1·45	1·45	...	...	...	...	...	...	...	...	...	1·45	7·27
Bhuj	645	...	...	1·55	...	1·55	...	...	...	...	1·55	...	13·95	...	...	...	...	...	...	...	1·55	..	...	...	...	20·16
Agra	829	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1·21	...	...	...	...	...	...	2·41	3·62
Jhansi	739	...	...	...	...	...	...	...	2·71	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2·71
Nowgong	1,235	...	...	...	...	...	...	...	...	...	...	...	·81	...	·81	...	...	...	...	·81	...	...	·81	...	·81	4·05
Nasirabad	575	...	...	...	...	1·74	...	...	...	...	...	...	1·74	...	...	...	...	...	...	...	...	...	...	...	...	3·48
Neemuch	615	...	...	...	1·63	...	...	...	...	...	...	...	...	1·63	...	...	...	...	...	...	...	...	...	...	...	3·25
Indore	207	...	...	...	...	4·83	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4·83
Sehore and Outposts	755	...	...	...	...	1·32	...	...	...	...	2·65	...	1·32	...	1·32	...	...	...	...	...	...	...	1·32	...	...	7·95
Mhow	1,199	...	...	...	...	·83	...	1·67	...	...	...	·83	2·50	...	·83	...	...	...	...	...	...	...	...	...	...	6·67
Sadra	66	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Agar	333	...	...	...	...	3·00	...	...	...	...	...	...	...	6·01	...	...	...	...	...	...	...	...	...	...	...	9·01
Goona	329	3·04	...	...	...	3·04	...	...	...	...	...	...	3·04	...	...	...	...	...	...	...	...	...	...	...	...	9·12
Sirdarpore and Outposts	493	...	...	...	...	...	...	...	...	...	...	...	4·06	2·03	...	...	...	...	...	...	...	...	2·03	...	...	8·11
Kherwara ,, ,,	572	...	1·75	...	1·75	1·75	...	...	...	...	...	...	1·75	1·75	...	...	...	...	...	...	...	1·75	1·75	...	...	12·24
Erinpura ,, ,,	719	...	...	...	...	1·39	...	...	...	1·39	1·39	...	1·39	2·78	...	...	...	...	...	...	...	...	...	...	1·39	9·74
Deoli ,, ,,	745	...	...	...	...	1·34	...	...	...	...	...	...	2·68	...	...	...	...	...	...	...	...	...	...	...	...	4·03
Ajmere ,, ,,	597	...	...	...	...	...	...	...	...	...	...	1·68	...	...	...	...	...	...	...	...	...	...	...	...	1·68	3·35
Deesa	1,023	...	...	...	·98	·98	...	...	...	...	...	...	...	·98	...	...	...	...	...	...	...	...	...	...	...	2·93
Ahmedabad	522	...	...	...	...	1·92	...	1·92	...	...	...	...	...	1·92	1·92	...	1·92	...	...	...	1·92	...	...	...	13·41	24·90
Rajkot	808	...	...	...	3·71	1·24	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1·24	6·19
Baroda	582	...	...	...	...	...	...	...	...	1·72	...	1·72	...	...	1·72	...	...	...	...	...	...	...	3·44	...	3·44	12·03
Surat	134	...	...	...	...	...	...	...	...	...	...	...	...	14·92	...	...	...	...	...	...	7·46	...	...	...	...	22·39

XXIII—*continued.*

COMPOSITION of the DEATH-RATE of each STATION.

STATIONS.	Average Annual Strength Present.	Died per 1,000 of Average Annual Strength present.																								
		Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Injuries.	Suicide.	All other Causes.	ALL CAUSES.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Jubbulpore	844	...	...	1·18	...	2·37	...	...	...	...	...	...	...	...	...	...	...	...	...	1·18	...	...	...	...	...	4·74
Saugor	966	...	...	...	...	2·07	...	...	...	...	1·04	...	3·11	...	...	...	...	...	...	...	...	...	...	...	1·04	7·25
Sambalpur	267	...	...	...	...	...	...	...	...	...	...	...	...	...	3·75	...	...	...	...	...	...	...	...	...	3·75	7·49
Kamptee	647	...	...	...	...	...	...	...	...	...	...	...	4·64	1·55	...	...	...	...	...	...	...	...	...	...	1·55	7·73
Sitabaldi	94	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Raipur	434	...	...	...	2·30	...	...	...	...	...	...	...	...	4·61	...	...	...	...	...	2·30	...	...	2·30	...	2·30	13·82
Sutna	38	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Asirgarh	43	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malegaon	100	10·00	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10·00
Ahmednagar	574	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sirur	511	1·96	...	...	...	1·96	...	...	...	...	...	...	...	...	...	1·96	...	...	...	...	...	...	...	1·96	3·91	11·74
Poona	2,414	...	...	...	...	·41	...	...	...	...	...	...	1·66	·83	·41	...	·41	...	...	...	...	·41	...	·41	·41	4·97
Kirkee	1,018	...	...	...	·98	1·96	...	...	...	...	...	...	·98	...	·98	·98	·98	...	...	...	...	...	...	...	...	6·88
Satara	677	20·68	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1·48	...	1·48	23·63
Belgam	1,488	...	...	...	...	...	...	...	...	·67	...	·67	...	...	...	...	...	...	...	...	...	...	...	·67	2·02	4·03
Ellichpur	765	1·31	...	...	1·31	...	...	...	...	...	...	...	2·61	...	...	...	...	...	...	...	...	...	...	...	1·31	6·54
Aurangabad	1,228	...	...	...	·81	·81	·81	...	...	...	...	...	...	...	...	·81	...	...	...	...	...	...	1·63	...	1·63	6·51
Jalna	723	2·77	...	...	...	1·38	...	...	...	...	...	...	1·38	...	...	...	...	...	...	...	...	...	...	...	2 77	8·30
Hingoli	1,146	1·75	...	...	...	2·62	...	...	...	·87	...	...	1·75	...	...	...	...	...	...	·87	...	...	·87	...	...	8·73
Mominabad	438	2·28	...	...	...	...	...	...	...	...	2·28	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4·57
Bolarum	1,381	·72	...	...	...	...	...	...	...	...	...	...	...	·72	...	...	...	...	...	...	...	...	·72	...	·72	2·90
Raichur	735	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Secunderabad	3,712	1·35	...	...	·54	·54	...	·27	...	...	·54	...	2·69	·54	·27	...	...	...	...	...	...	·27	·81	·27	1·35	9·43
Thana	104	...	...	...	...	...	...	...	...	...	9·62	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9·62
Bombay	1,522	1·31	...	...	...	...	·66	...	...	·66	...	...	·66	·66	·66	...	...	...	...	...	...	...	·66	...	...	5·26
Butchers' Island	21	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cannanore	722	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Trichoor	90	...	...	...	...	...	...	...	...	...	11·11	...	...	...	...	...	...	...	...	...	...	...	...	...	11·11	22·22
Quilon	477	...	...	...	...	...	2·10	...	...	...	4·19	2·10	...	...	...	...	...	...	...	...	...	2·10	...	...	8·39	18·87
Trivandrum	77	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bangalore	3,627	·55	...	...	...	·55	...	...	·28	·55	...	...	·83	·55	...	...	...	...	...	·55	...	...	·55	·55	·83	5·79
Bellary	1,167	...	...	...	·86	...	...	...	...	...	...	...	2·57	...	...	...	...	...	...	...	...	...	·86	...	...	4·28
Trichinopoly	1,286	·78	...	...	...	2·33	·78	...	...	·78	1·56	...	1·56	·78	...	...	...	...	...	...	...	...	...	...	...	8·55
Madras	1,361	...	...	...	...	·73	...	...	...	...	·73	·73	...	·73	1·47	·73	...	...	...	...	...	...	...	...	·73	5·88
St. Thomas' Mount	246	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Samulcotta	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Vizianagram	810	...	...	...	1·23	1·23	...	...	...	...	1·23	...	...	1·23	2·47	...	...	...	...	1·23	...	...	...	...	8·64	17·28
Berhampur	387	...	...	...	...	...	...	...	...	5·17	2·58	...	...	...	...	...	...	...	...	...	...	...	...	2·58	2·58	12·92

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Darjeeling	128	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gantak	126	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Almora and Outposts	703	...	...	...	...	5·69	...	...	...	...	1·42	...	...	1·42	...	...	...	...	...	...	...	...	1·42	...	...	9·96
Lansdowne	1,518	...	...	...	...	·66	...	...	...	...	...	1·98	·66	...	...	...	...	·66	...	...	...	...	...	...	...	3·95
Simla and Jutogh	259	...	...	...	...	3·86	...	...	...	...	...	...	3·86	...	...	...	...	...	...	...	...	...	...	...	...	7·72
Dharmsala and Kangra	1,348	...	...	...	·74	2·23	...	...	...	...	...	1·48	...	3·71	·74	...	...	...	...	...	...	...	...	...	1·48	10·39
Bakloh	1,239	...	...	...	·81	·81	...	...	...	...	·81	3·23	...	...	·81	...	...	...	1·61	...	...	...	1·61	...	...	9·69
Murree Hills	217	...	...	...	...	4·61	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4·61
Cherat	73	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta	6,342	...	...	...	1·42	3·00	...	...	·16	·16	·32	·16	8·67	1·10	·16	·16	·32	...	·16	...	...	·32	·95	·32	1·42	18·76
Abbottabad	2,402	...	...	...	·83	2·50	...	...	...	...	...	2·50	3·75	...	·42	...	...	...	...	·42	...	·42	·83	...	·83	12·49
Samana Posts	499	...	...	...	...	2·00	...	...	...	...	2·00	...	12·02	4·01	2·00	...	...	...	...	...	2·00	...	2·00	...	...	26·05
Ootacamund	49	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Shillong and Outposts	620	...	...	...	...	...	...	...	...	...	...	3·23	...	...	...	...	...	...	...	...	...	...	...	...	...	3·23
Fort White	126	...	...	...	...	...	...	...	...	...	...	...	...	7·94	...	...	...	...	7·94	...	...	...	...	...	...	15·87
Chin Hills	270	...	...	...	...	...	...	...	...	...	...	...	...	3·70	...	...	...	...	...	...	...	...	3·70	...	...	7·41
Waziristan Field Force	1,349	...	...	...	3·71	2·22	...	...	...	...	...	...	27·43	2·97	1·48	...	...	...	·74	...	...	2·22	17·79	...	1·48	60·04
Bengal Troops marching, Bengal	4,518	·22	...	...	·44	·44	...	...	...	·22	...	...	1·77	...	...	...	...	...	...	...	...	·22	1·99	...	1·55	6·86
Bengal Troops marching, Burma	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Central India and Rajputana Corps marching	546	...	...	...	...	1·83	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1·83
Bombay Troops in Bengal Command	143	...	...	...	...	6·99	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6·99	...	...	...	13·99
Bombay Troops marching, Bombay	697	4·30	...	...	...	1·43	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5·74
Bombay Troops marching, Bengal	39	...	...	...	25·64	25·64	...	...	...	...	...	...	25·64	...	...	...	...	...	...	...	...	...	...	...	...	76·92
Bombay Troops marching in Quetta District	425	...	...	...	2·35	2·35	...	...	...	...	...	...	2·35	...	...	...	...	...	...	...	...	...	2·35	...	...	9·41
Bombay Troops marching, Burma	21	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hyderabad Contingent marching	507	1·97	...	...	...	...	...	...	...	...	...	...	...	...	1·97	...	...	...	...	...	...	...	...	...	...	3·94
Madras Troops in Bengal Command	78	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras Troops marching, Madras	584	1·71	...	...	1·71	...	...	...	...	...	...	...	...	...	1·71	...	...	...	...	...	...	...	...	...	1·71	6·85
Madras Troops marching, Burma	997	...	...	...	1·00	...	...	...		...	1·00	...	...	1·00	...	...	...	...	...	...	...	2·01	2·01	...	1·00	8·02
Aden	1,057	...	...	·95	1·89	·95	...	...	...	...	1·89	·95	·95	·95	5·68	...	...	...	...	...	...	·95	...	...	...	15·14
Kurram	790	...	...	...	1·27	1·27	...	...	...	...	...	...	2·53	1·27	...	...	...	...	...	...	...	...	...	...	...	6·33
Khajuri Kach	382	...	...	2·62	2·62	...	...	...	...	...	...	...	7·85	...	...	...	...	...	...	...	...	...	...	...	2·62	15·71
Jandola	264	...	...	...	...	11·36	...	...	...	...	...	...	...	...	...	...	...	...	3·79	...	...	...	3·79	...	...	18·94
Gilgit	994	...	...	...	...	2·01	...	...	...	...	1·01	1·01	1·01	1·01	3·02	1·01	...	...	...	...	2·01	2·01	1·01	...	1·01	16·10
Kalat	243	...	...	...	...	...	...	...	...	...	...	...	24·69	...	...	...	...	...	...	4·12	...	...	...	...	4·12	32·92
Abor	51	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	176·47	...	...	176·47

XXIV.

TABLE showing the MORTALITY in each STATION, the CAUSES of DEATH, and the RATIO of DEATHS to STRENGTH.

STATIONS.	Average Annual Strength Present.	Causes of Death in and out of Hospital.																						Total Deaths.		Died per 1,000 of Average Annual Strength.	
		Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Injuries.	Suicide.	All other Causes.	In Hospital.	Out of Hospital.	Out of Hospital.	In and out of Hospital.
Port Blair	272	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	3·68	3·68
Moulmein	642	...	...	...	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	4	...	...	6·23
Rangoon	1,174	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	...	...	...	...	...	5	...	1	8	16	1	·85	14·48
GROUP I	2,088	...	...	...	1	...	...	...	...	1	...	..	2	...	2	...	...	...	...	...	...	5	1	1	9	20	2	·96	10·54
Thayetmyo	546	...	...	..	2	1	...	...	...	...	...	1	...	...	1	1	1	...	1	...	...	...	...	...	...	8	...	...	14·65
Meiktila	706	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1·42
Mindat-Sikaw	139	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	1	...	...	...	4	...	...	28·78
Myingyan	873	8	...	...	1	...	...	...	...	1	...	1	2	2	2	...	...	...	...	1	...	...	1	...	1	19	1	1·15	22·91
Haka	350	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	2·86
Falam	342	...	..	...	1	1	...	1	...	...	1	...	3	...	2	...	...	...	...	1	...	...	...	...	3	13	...	...	38·01
Tiddin	459	...	...	...	1	1	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	1	...	1	6	1	2·18	15·25
Kalemyo	50	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	20·00
Kalewa	61	1	...	...	1	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	2	6	...	...	98·36
Tigyaing	45	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kyaukmyaung	29	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	2	...	...	68·97
Bhamo	663	...	...	...	1	2	...	...	...	...	...	...	...	1	2	1	...	...	...	...	...	1	...	...	1	9	...	...	13·57
Thabeitkyin	32	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Shwebo	350	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	..	...	...	...	...	1	3	...	...	8·57
Fort Dufferin (Mandalay)	1,561	6	...	...	...	2	...	...	...	...	...	...	1	2	2	3	...	...	...	1	...	4	...	...	...	21	...	...	13·45
Nanpaung	101	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	2	...	...	19·80
Loikaw	91	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	10·99
Fort Stedman	488	...	...	...	...	...	...	...	...	...	1	...	2	1	1	...	...	...	...	...	...	1	...	...	3	9	...	...	18·44
Bampon	76	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	2	1	13·16	39·47
Smaller Outposts of Burma Inland	30	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	33·33
GROUP II	6,992	15	...	...	8	10	..	1	...	2	2	3	10	8	13	8	2	1	1	3	...	10	3	...	12	109	3	·43	16·02
Silchar and Outposts	624	...	...	...	...	...	...	...	...	...	3	...	2	...	1	..	...	...	...	...	...	...	...	...	1	7	...	...	11·22
Dibrugarh ,,	391	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	...	...	...	...	...	...	...	...	1	5	...	...	12·79
Kohima ,,	458	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	1	...	...	...	...	1	5	...	...	10·92
Manipur ,,	996	...	...	...	1	...	...	...	...	...	...	3	2	1	...	...	1	...	...	...	...	1	3	...	...	9	3	3·01	12·05
GROUP III	2,468	..	...	...	1	...	...	...	...	...	3	5	6	1	2	2	1	...	...	1	...	1	3	..	3	26	3	1·22	11·75
Fort William, Alipore and Ballygunge	1,360	...	...	...	4	...	...	1	...	...	...	2	3	2	2	1	...	...	...	...	...	1	...	...	1	17	...	...	12·50
Dum-Dum	129	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Barrackpore	751	...	...	...	2	1	...	...	...	1	...	2	1	...	...	...	...	...	...	...	...	...	1	...	...	7	1	1·33	10·65
Buxa	294	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	3·40
Cuttack	294	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	...	...	6·80
GROUP IV	2,828	...	...	...	6	1	...	1	.	1	1	4	4	2	2	1	...	...	...	1	...	1	1	...	2	27	1	·35	9·90
Doranda	460	...	...	...	...	2	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	3	...	...	6·52
Dinapore	464	...	...	...	...	1	...	...	...	..	...	...	...	...	1	...	...	...	...	..	...	...	...	...	1	3	...	...	6·47
Benares	702	1	...	...	2	...	...	...	...	...	...	1	...	1	4	...	...	1	...	...	...	...	...	1	1	12	...	...	15·75
Fyzabad	1,092	...	...	...	1	1	...	...	...	...	1	..	1	...	...	...	...	...	...	..	...	...	...	2	...	5	1	·92	5·49
Lucknow	1,681	7	...	...	...	4	...	...	...	...	...	1	2	1	...	...	...	...	...	...	...	...	...	2	1	16	2	1·19	10·71
Fatehgarh	149	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	6·71
Cawnpore	1,205	5	...	...	1	2	...	...	...	...	...	1	2	...	...	1	...	...	...	...	...	...	...	...	2	14	...	...	11·62
Allahabad	1,170	2	...	...	...	1	...	...	...	1	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	6	...	...	5·13
GROUP V	6,983	15	...	...	5	11	...	...	...	1	1	3	6	3	6	1	...	1	...	...	...	...	...	5	5	60	3	·43	9·02
Bareilly	1,115	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	1	2	1	·90	2·69
Dehra Dun	1,733	...	...	...	...	1	...	...	...	...	1	10	...	...	1	...	...	...	...	...	1	2	1	...	4	20	1	·58	12·12
Roorkee	779	...	...	...	...	2	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	1	4	1	1·28	6·42
Meerut	1,168	...	...	...	...	...	...	...	1	...	1	...	2	...	2	...	...	...	...	...	...	...	2	...	...	6	2	1·71	6·85
Delhi	779	...	...	...	...	5	1	...	...	1	...	...	7	1	...	1	...	...	...	...	...	1	...	...	...	17	...	...	21·82
Umballa	879	...	...	...	...	...	1	...	...	...	1	2	3	1	...	...	...	...	1	...	..	...	...	...	...	9	...	...	10·24
Ludhiana	43	...	...	...	...	...	...	...	...	...	..	...	1	...	..	...	...	...	...	...	...	...	...	...	...	1	...	...	23·26
Jullundur	1,030	...	...	...	1	3	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	8	...	...	7·77
Ferozepore	1,540	...	...	...	...	6	...	...	1	...	...	1	7	1	...	1	...	...	...	...	...	...	...	...	1	18	...	...	11·69
Sialkot	1,741	...	...	...	...	...	...	...	1	1	...	...	4	1	...	...	...	...	...	...	...	...	2	..	1	9	1	·57	5·74
Amritsar	180	...	...	...	...	...	...	...	...	...	...	1	2	1	...	...	...	...	...	...	...	...	...	...	...	4	...	...	22·22
Meean Meer	1,744	...	...	...	..	10	...	...	1	...	...	1	15	1	...	...	...	...	...	...	...	...	1	1	2	31	1	·57	18·35
Jhelum	1,322	...	...	...	...	2	...	...	...	1	...	...	6	3	...	...	...	...	...	...	...	...	...	...	3	14	1	·76	11·35
Rawalpindi	2,002	...	...	...	2	5	...	...	...	1	1	...	9	4	...	...	...	...	1	...	...	...	1	...	1	25	...	...	12·49
GROUP VI	16,055	...	...	...	3	34	2	...	5	4	4	15	57	13	5	2	...	...	2	...	1	3	8	2	16	168	8	·50	10·96

XXIV—*continued.*

TABLE showing the MORTALITY in each STATION, the CAUSES of DEATH, and the RATIO of DEATHS to STRENGTH.

STATIONS.	Average Annual Strength Present.	Causes of Death in and out of Hospital.																								Total Deaths.		Died per 1,000 of Average Annual Strength.	
		Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Injuries.	Suicide.	All other Causes.	In Hospital.	Out of Hospital.	Out of Hospital.	In and out of Hospital.
Mooltan	1,102	...	...	...	...	1	...	...	2	...	...	1	6	1	...	...	...	...	...	...	...	...	...	..	1	12	...	...	10·89
Attock	64	...	...	...	...	...	...	...	...	...	...	...	...	...	.	...	...	...	...	..	...	...	...	...	...	...	...	...	...
Nowshera	1,079	...	...	...	1	1	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...	...	1	6	...	...	5·56
Peshawar and Outposts	2,597	...	...	1	2	16	...	...	1	...	2	2	19	3	1	1	...	...	1	...	..	...	3	1	5	54	4	1·54	22·33
Murdan ,,	1,058	...	...	...	..	5	...	...	...	...	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...	16	...	...	15·12
Kohat ,,	2,222	1	...	1	1	5	...	...	...	...	1	...	16	3	..	...	...	...	...	1	..	...	...	2	...	28	3	1·35	13·95
Edwardesabad ,,	1,571	...	...	...	3	2	...	...	...	...	...	1	25	1	...	...	...	...	...	...	...	1	...	...	...	33	...	...	21·01
Dera Ismail Khan ,,	1,774	...	...	...	1	3	...	...	...	...	1	1	8	1	...	...	...	...	...	1	...	...	1	...	...	16	1	·56	9·58
Dera Ghazi Khan ,,	1,212	...	...	...	...	2	...	...	...	...	1	...	4	2	...	...	...	...	...	...	...	...	2	...	...	10	1	·83	9·08
Rajanpur ,,	393	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	1	...	...	4	...	...	10·18
Jacobabad	637	...	...	...	...	1	...	...	...	...	...	...	...	5	...	...	...	...	...	1	...	...	...	...	...	7	...	...	10·99
Hyderabad	565	...	...	...	...	1	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	3	...	...	5·31
Kurrachee	688	...	.	...	...	2	...	...	...	...	...	...	...	1	1	...	...	...	...	...	..	...	...	...	1	5	...	...	7·27
Bhuj	645	...	...	1	...	1	...	...	...	...	1	...	9	...	...	...	...	...	...	...	1	...	...	...	...	13	...	...	20·16
GROUP VII	15,607	1	...	3	8	40	...	...	3	...	6	5	102	20	3	1	...	...	1	3	1	1	7	3	8	207	9	·58	13·84
Agra	829	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	3	...	...	3·62
Jhansi	739	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1·35	2·71
Nowgong	1,235	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	1	...	...	1	...	1	5	...	...	4·05
Nasirabad	575	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	3·48
Neemuch	615	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	...	...	3·25
Indore	207	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	4·83
Sehore and Outposts	755	...	...	...	...	1	...	...	...	...	2	...	1	...	1	...	...	...	...	...	...	...	1	...	...	4	2	2·65	7·95
Mhow	1,199	...	...	...	...	1	...	2	...	...	...	1	3	...	1	...	...	...	...	...	...	...	...	...	...	8	...	...	6·67
Sadra	66	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Agar	333	...	...	...	...	1	...	...	...	...	..	...	...	2	...	...	...	...	...	...	...	...	...	...	...	3	...	...	9·01
Goona	329	1	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	9·12
Sirdarpore and Outposts	493	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	..	...	1	...	...	4	...	...	8·11
Kherwara ,,	572	...	1	...	1	1	...	...	...	...	...	...	1	1	...	...	...	...	...	..	...	1	1	...	...	7	...	...	12·24
Erinpura ,,	719	...	...	...	...	1	...	...	...	1	1	...	1	2	...	...	...	...	...	...	...	...	...	...	1	6	1	1·39	9·74
Deoli ,,	745	...	...	..	...	1	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	4·03
Ajmere ,,	597	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1·68	3·35
Deesa	1,023	...	...	...	1	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	3	...	...	2·93
Ahmedabad	522	...	...	...	...	1	...	1	...	...	...	...	...	1	1	...	1	...	...	...	1	...	...	...	7	13	...	...	24·90
Rajkot	808	...	...	...	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	5	...	...	6·19
Baroda	582	...	...	...	...	...	...	...	...	1	...	1	...	...	1	...	..	...	...	...	...	...	2	...	2	5	2	3·44	12·03
Surat	134	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	1	...	...	...	...	3	...	...	22·39
GROUP VIII	13,075	1	1	...	6	12	...	3	2	2	3	3	13	11	5	...	1	1	...	1	2	1	6	...	15	82	7	·54	6·81
Jubbulpore	844	...	...	1	...	2	...	...	..	...	...	..	...	...	...	...	...	...	...	1	...	...	...	...	...	4	...	...	4·74
Saugor	966	...	...	...	...	2	...	...	...	...	1	...	3	...	...	...	...	...	...	...	...	...	...	...	1	6	1	1·04	7·25
Sambalpur	267	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	2	...	...	7·49
Kamptee	647	...	...	...	...	...	...	...	...	...	...	...	3	1	...	...	...	...	...	...	...	...	...	...	1	5	...	...	7·73
Sitabaldi	94	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Raipur	434	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	1	...	...	1	...	1	5	1	2·30	13·82
Sutna	38	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Asirgarh	43	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malegaon	100	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	10·00
Ahmednagar	574	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sirur	511	1	...	...	...	1	...	...	...	...	..	...	...	...	...	1	...	...	...	...	...	...	...	1	2	6	...	...	11·74
Poona	2,414	...	...	...	...	1	...	...	...	...	...	...	4	2	1	...	1	...	...	...	...	1	...	1	1	11	1	·41	4·97
Kirkee	1,018	...	...	...	1	2	...	...	...	...	...	...	1	...	1	1	1	...	...	...	...	...	...	...	...	7	...	...	6·88
Satara	677	14	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	15	1	1·48	23·68
Belgam	1,488	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	3	3	3	2·02	4·03
Ellichpur	765	1	...	...	1	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	1	5	...	...	6·54
Aurangabad	1,228	...	...	...	1	1	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	2	8	...	...	6·51
Jalna	723	2	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	6	...	...	8·30
Hingoli	1,146	2	...	...	...	3	...	...	...	1	...	...	2	...	...	...	...	...	...	1	...	...	1	...	...	9	1	·87	8·73
Mominabad	438	1	...	...	...	...	...	...	...	...	1	...	...	...	...	. .	...	...	...	...	...	...	...	...	...	2	...	...	4·57
Bolarum	1,381	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	1	4	...	...	2·90
Raichur	735	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...
Secunderabad	3,712	5	..	...	2	2	...	1	...	...	2	...	10	2	1	...	...	...	..	...	...	1	3	1	5	31	4	1·08	9·43
GROUP IX	20,244	28	...	1	6	15	1	1	...	2	4	1	26	8	4	3	2	...	...	3	...	2	9	4	22	130	12	·59	7·01
Thana	104	...	...	...	...	...	...	...	...	...	1	..	...	...	...	...	...	...	...	...	...	...	...	..	...	1	...	...	9·62
Bombay	1,522	2	...	...	...	...	1	...	...	1	...	...	1	1	1	...	...	...	...	...	...	...	1	...	...	7	1	·66	5·26
Butcher's Island	21	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cannanore	722	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...
Trichoor	90	...	...	...	...	...	...	...	...	...	1	..	...	...	...	...	...	...	...	..	...	...	...	...	1	2	...	...	22·22
Quilon	477	...	...	...	...	...	1	...	...	...	2	1	...	...	..	...	...	...	...	...	...	1	...	...	4	9	...	...	18·87
Trivandrum	77	...	...	...	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP X	3,013	2	...	...	...	...	2	...	...	1	4	1	1	1	1	...	...	...	...	...	...	1	1	...	5	19	1	·33	6·64

XXIV—*concluded.*

TABLE showing the MORTALITY in each STATION, the CAUSES of DEATH, and the RATIO of DEATHS to STRENGTH.

STATIONS.	Average Annual Strength Present.	Causes of Death in and out of Hospital.																								Total Deaths.		Died per 1,000 of Average Annual Strength.	
		Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Injuries.	Suicide.	All other Causes.	In Hospital.	Out of Hospital	Out of Hospital.	In and out of Hospital.
Bangalore	3,627	2	...	...	...	2	...	...	1	2	...	...	3	2	...	...	...	...	...	2	...	...	2	2	3	17	4	1·10	5·79
Bellary	1,167	...	...	...	1	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	1	...	...	5	...	...	4·28
Trichinopoly	1,286	1	...	...	...	3	1	...	...	1	2	...	2	1	...	...	...	...	...	...	...	...	...	...	...	10	1	·78	8·55
Madras	1,361	...	...	...	...	1	...	...	...	...	1	1	...	1	2	1	...	...	...	...	...	...	...	...	1	8	...	...	5·88
St. Thomas' Mount	246	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Vizianagram	810	...	...	...	1	1	...	...	...	...	1	...	...	1	2	...	...	...	...	1	...	...	...	...	7	14	...	...	17·28
Berhampur	387	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	...	...	...	1	1	3	2	5·17	12·92
Group XI	8,884	3	...	...	2	7	1	...	1	5	5	1	8	5	4	1	...	...	...	3	...	...	3	3	12	57	7	·79	7·20
Darjeeling	128	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gantak	126	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Almora and Outposts	703	...	...	...	...	4	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	1	...	...	6	1	1·42	9·96
Lansdowne	1,518	...	...	...	...	1	...	...	...	...	...	3	1	...	...	...	...	1	...	...	...	...	...	...	...	6	...	...	3·95
Simla and Jutogh	259	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	7·72
Dharmsala and Kangra	1,348	...	...	...	1	3	...	...	...	...	...	2	...	5	1	...	...	...	...	...	...	...	...	...	2	14	...	...	10·39
Bakloh	1,239	...	...	...	1	1	...	...	...	...	1	4	...	...	1	...	...	...	2	...	...	...	2	...	...	10	2	1·61	9·69
Murree Hills	217	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	4·61
Cherat	73	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta	6,342	...	...	...	9	19	...	...	1	1	2	1	55	7	1	1	2	...	1	...	...	2	6	2	9	114	5	5·79	18·76
Abbottabad	2,402	...	...	...	2	6	...	...	...	...	...	6	9	...	1	...	...	...	...	1	...	1	2	...	2	30	...	...	12·49
Samana Posts	499	...	...	...	...	1	...	...	...	...	1	...	6	2	1	...	...	...	...	...	1	...	1	...	...	13	...	...	26·05
Ootacamund	49	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Shillong and Outposts	620	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	3·23
Fort White	126	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	2	...	...	15·87
Chin Hills	270	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	1	1	3·70	7·41
Group XII	15,916	...	...	...	13	37	...	...	1	1	5	18	72	17	5	1	2	1	4	1	1	3	13	2	13	201	9	·57	13·19
Waziristan Field Force	1,349	...	...	...	5	3	...	...	...	...	...	...	37	4	2	...	...	...	1	...	...	3	24	...	2	59	22	16·31	60·04
Bengal Troops marching, Bengal	4,518	1	...	...	2	2	...	...	...	1	...	...	8	...	...	...	...	...	...	...	...	1	9	...	7	12	19	4·21	6·86
Bengal Troops marching, Burma	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Central India and Rajputana Corps, marching	546	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1·83
Bombay Troops in Bengal Command	143	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	...	13·99
Bombay Troops marching, Bombay	697	3	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	5·74	5·74
Bombay Troops marching, Bengal	39	...	...	...	1	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	1	25·64	76·92
Bombay Troops marching, in Quetta District	425	...	...	...	1	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	2	2	4·70	9·41
Bombay Troops marching, Burma	21	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hyderabad Contingent marching	507	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	...	...	3·94
Madras Troops in Bengal Command	78	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras Troops marching, Madras	584	1	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	1	3	5·14	6·85
Madras Troops marching, Burma	997	...	...	...	1	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	2	2	...	1	4	4	4·01	8·02
Aden	1,057	...	...	1	2	1	...	...	...	...	2	1	1	1	6	...	...	...	...	...	...	1	...	...	...	16	...	...	15·14
Kurram	790	...	...	...	1	1	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	...	...	5	...	...	6·33
Khajuri Kach	382	...	...	1	1	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	1	6	...	...	15·71
Jandola	264	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	4	1	3·79	18·94
Gilgit	994	...	...	...	...	2	...	...	...	...	1	1	1	1	3	1	...	...	...	...	2	2	1	...	1	15	1	1·01	16·10
Kalat	243	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	1	...	...	...	...	1	8	...	...	32·92
Abor	51	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9	...	...	...	9	176·47	176·47
Army of Bengal	65,446	17	...	4	37	120	2	1	10	7	18	50	257	47	27	9	1	3	8	6	4	14	73	12	59	703	83	1·27	12·01
Central India and Rajputana	5,089	1	1	...	1	7	...	...	...	1	3	1	8	6	1	...	...	...	...	...	...	1	3	...	2	32	4	·79	7·07
Army of Madras	26,628	24	...	...	15	17	2	2	1	9	14	6	29	18	21	9	2	1	2	7	...	16	13	6	48	235	27	1·02	9·84
,, of Bombay	23,757	21	...	2	19	35	1	3	1	3	6	4	68	25	15	2	5	...	...	3	3	7	9	2	21	239	16	·67	10·73
Hyderabad Contingent	6,924	8	...	...	2	5	1	...	...	1	1	...	5	1	1	1	...	...	...	1	...	...	4	...	6	36	1	·14	5·34
Army of India	127,844	71	1	6	74	184	6	6	12	21	42	61	367	97	65	21	8	4	10	17	7	38	102	20	136	1,245	131	1·02	10·76

XXV.

*TABLE showing the PREVALENCE of INFLUENZA in each MONTH, and the DISTRIBUTION of the DISEASE by STATIONS.**

STATIONS.	Average Annual Strength Present.	Number of Admissions into Hospital in each Month.												Total Admissions of the year.	Admission-rate per 1,000 of strength.	Total Deaths of the year.	Death-rate per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.				
Fort William, Alipore and Ballygunge	1,360	...	...	...	...	...	...	...	...	...	...	...	3	3	2·2	...	...
Doranda	460	...	34	35	1	...	...	...	...	...	...	...	...	70	152·2	...	...
Fyzabad	1,092	...	...	...	...	...	...	2	...	...	...	...	...	2	1·8	...	...
Lucknow	1,681	...	...	...	...	...	...	1	...	...	...	...	...	1	·6	...	...
Allahabad	1,170	...	...	...	5	...	...	...	...	...	...	...	...	5	4·3	...	...
Bareilly	1,115	4	10	...	...	...	...	...	...	...	...	...	...	14	12·6	...	...
Dehra Dun	1,733	...	...	...	13	1	...	...	...	...	...	...	...	14	8·1	...	...
Jullundur	1,030	1	7	...	...	...	...	...	...	...	...	...	...	8	7·8	1	·97
Ferozepore	1,540	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	·65
Peshawar and Outposts	2,597	17	...	...	...	...	...	...	...	...	...	...	...	17	6·5	4	1·54
Edwardesabad ,,	1,571	...	...	...	...	4	...	...	...	...	...	...	...	4	2·5	...	...
Bhuj	645	...	81	10	1	...	...	...	..	...	...	...	...	92	142·6	...	...
Nowgong	1,235	...	...	25	22	2	...	...	...	...	...	...	...	49	39·7	...	...
Sehore, Indore and Outposts	755	...	...	6	10	1	...	...	...	...	...	...	...	17	22·5	...	...
Agar	333	...	4	...	..	...	...	...	...	...	...	...	...	4	12·0	...	...
Sirdarpore and Outposts	493	...	...	...	7	...	...	...	...	...	...	...	...	7	14·2	...	...
Deoli ,,	745	1	1	...	...	...	...	...	...	...	...	...	...	2	2·7	...	...
Ajmere ,,	597	32	1	...	...	...	...	...	...	...	...	...	...	33	55·3	...	...
Ahmedabad	522	...	...	...	216	50	3	...	...	...	...	...	...	269	515·3	7	13·41
Sambalpur	267	...	...	...	...	1	...	...	...	...	...	...	...	1	3·7	...	...
Raipur	434	...	...	1	2	...	...	...	...	...	...	...	...	3	6·9	...	...
Sirur	511	...	...	2	...	...	...	...	...	...	...	...	...	2	3·9	1	1·96
Belgam	1,488	...	6	...	...	..	...	...	...	...	...	...	...	6	4·0	...	...
Ellichpur	765	...	...	...	33	1	...	...	...	...	...	...	...	34	44·4	...	...
Aurangabad	1,228	...	16	8	...	...	...	...	...	...	...	...	...	24	19·5	...	...
Hingoli	1,146	...	...	...	10	15	2	...	...	...	...	...	...	27	23·6	...	...
Bolarum	1,381	...	...	...	2	1	..	...	...	...	...	...	...	3	2·2	...	...
Raichur	735	...	...	51	5	...	...	...	...	...	...	...	...	56	76·2	...	...
Secunderabad	3,712	...	...	86	32	1	...	...	...	...	...	...	...	119	32·1	1	·27
Trivandrum	77	...	...	...	...	...	...	2	...	...	...	...	...	2	26·0	...	...
Trichinopoly	1,286	...	2	1	...	...	...	...	...	..	...	...	...	3	2·3	...	...
Madras	1,361	...	...	...	...	1	...	...	...	...	...	...	...	1	·7	...	...
Almora and Outposts	703	...	1	...	...	...	...	...	...	...	...	...	...	1	1·4	...	...
Lansdowne	1,518	2	...	...	...	...	...	...	...	...	...	...	...	2	1·3	...	...
Dharmsala and Kangra	1,348	77	27	4	16	65	6	...	...	...	...	...	...	195	144·7	...	...
Quetta	6,342	25	12	1	...	...	...	...	...	...	...	3	8	49	7·7	6	·95
Aden	1,057	...	1	2	9	...	...	...	...	1	1	2	...	16	15·1	...	...
ARMY OF INDIA	127,844	159	203	232	384	143	11	5	...	1	1	5	11	1,155	9·0	21	·16

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* Stations where influenza did not occur are not shown in this table.

XXVI.

*TABLE showing the PREVALENCE of CHOLERA in each MONTH, and the DISTRIBUTION of the DISEASE by STATIONS.**

STATIONS.	Average Annual Strength Present.	Number of Admissions into Hospital in each Month.												Total Admissions of the year.	Admission-rate per 1,000 of strength.	Total Deaths of the year.	Death-rate per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.				
Myingyan	873	...	...	...	...	...	...	4	6	1	...	...	1	12	13·7	8	9·16
Kalewa	61	...	...	...	...	...	...	...	...	1	...	...	...	1	16·4	1	16·39
Fort Dufferin	1,561	...	...	...	...	...	...	5	1	2	...	...	...	8	5·1	6	3·84
Manipur and Outposts	996	...	1	...	...	...	...	...	...	...	...	...	...	1	1·0	...	...
Benares	762	...	...	...	...	...	...	1	1	...	...	...	...	2	2·6	1	1·31
Fyzabad	1,092	...	...	...	1	...	...	...	...	...	...	...	...	1	·9	...	...
Lucknow	1,681	...	...	...	...	5	...	4	8	1	...	...	...	18	10·7	7	4·16
Cawnpore	1,205	...	...	...	...	3	...	1	...	2	...	...	...	6	5·0	5	4·15
Allahabad	1,170	...	1	...	...	...	...	1	...	...	...	...	...	2	1·7	2	1·71
Rawalpindi	2,002	...	...	...	...	...	...	1	...	...	...	...	...	1	·5	...	...
Kohat and Outposts	2,222	...	...	...	...	...	...	...	1	...	...	...	...	1	·5	1	·45
Goona	329	...	...	...	...	...	...	1	...	...	...	...	...	1	3·0	1	3·04
Baroda	582	...	...	...	...	...	...	1	...	...	...	...	...	1	1·7	...	...
Surat	134	...	...	...	...	...	1	...	...	...	...	...	...	1	7·5	...	...
Malegaon	100	...	...	...	...	...	...	1	...	...	...	...	...	1	10·0	1	10·00
Sirur	511	...	...	...	...	...	...	...	...	...	1	...	...	1	2·0	1	1·96
Satara	677	...	...	...	...	24	2	...	...	...	...	...	...	26	38·4	14	20·68
Ellichpur	765	...	...	...	...	1	...	...	...	...	...	...	...	1	1·3	1	1·31
Jalna	723	...	...	...	...	...	...	2	...	...	...	...	...	2	2·8	2	2·77
Hingoli	1,146	...	...	...	...	...	3	...	...	...	...	...	...	3	2·6	2	1·75
Mominabad	438	...	...	...	...	1	1	...	...	...	...	...	...	2	4·6	1	2·28
Bolarum	1,381	...	...	...	...	...	...	...	1	...	...	...	...	1	·7	1	·72
Secunderabad	3,712	...	...	...	...	...	...	6	2	...	...	...	...	8	2·2	5	1·35
Bombay	1,522	...	...	...	...	...	3	...	...	...	...	...	...	3	2·0	2	1·31
Bangalore	3,627	...	...	...	...	1	...	1	1	...	...	...	...	3	·8	2	·55
Bellary	1,167	...	...	...	...	...	...	...	...	...	1	...	...	1	·9	...	...
Trichinopoly	1,286	1	1	1	...	...	...	...	...	...	...	...	...	3	2·3	1	·78
Army of Bengal marching	4,518	...	...	...	...	...	...	...	...	...	...	3	...	3	·7	1	·22
Hyderabad Contingent marching	507	...	1	...	...	...	...	1	...	...	...	...	...	2	3·9	1	1·97
Bombay Troops marching, Bombay	697	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	4·30
Madras Troops marching, Madras	584	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1·71
Army of India	127,844	1	4	1	1	35	10	30	21	7	2	3	1	116	·9	71	·56

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* Stations where cholera did not occur are not shown in this table.

XXVII.

TABLE showing the PREVALENCE of MALARIAL FEVERS in each MONTH, and their DISTRIBUTION by STATIONS.

STATIONS.	Average Annual Strength Present.	NUMBER OF ADMISSIONS INTO HOSPITAL IN EACH MONTH.												Total Admissions of the year.	Admission-rate per 1,000 of strength.	Total Deaths of the year.	Death-rate per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.				
Port Blair	272	4	1	1	1	1	2	2	3	4	11	4	5	39	143·4	...	...
Moulmein	642	2	1	5	6	18	17	13	3	7	6	10	5	93	144·9	1	1·56
Rangoon	1,174	50	13	8	7	10	20	14	6	10	7	10	14	169	144·0	...	...
Thayetmyo	546	3	9	6	9	12	10	8	7	2	2	4	6	78	142·9	3	5·49
Meiktila	706	10	9	...	3	4	2	2	1	1	11	8	2	53	75·1	...	...
Mindat-Sikaw	139	2	3	5	2	4	13	20	8	2	5	1	3	68	489·2	1	7·19
Myingyan	873	4	4	5	7	50	23	29	12	7	9	13	36	199	227·9	1	1·15
Haka	350	7	7	3	7	6	23	29	16	14	15	15	40	182	520·0	...	...
Falam	342	33	16	19	17	33	43	36	15	13	18	12	7	262	766·1	2	5·85
Tiddin	459	7	5	5	10	26	6	9	9	7	7	4	2	97	211·3	2	4·35
Kalemyo	50	10	2	5	1	...	...	...	2	...	2	4	2	28	560·0	1	20·00
Kalewa	61	6	4	...	6	2	3	4	8	6	8	9	13	69	1,131·1	1	16·39
Tigyaing	45	..	1	7	...	4	2	2	...	...	...	...	...	16	355·6	...	...
Kyaukmyaung	29	...	3	2	1	...	...	6	...	3	5	6	2	28	965·5	...	...
Bhamo	663	11	5	10	4	24	42	47	25	44	72	31	13	328	494·7	3	4·52
Thabeitkyin	32	1	1	1	...	1	...	3	3	3	13	6	...	32	1,000·0	...	...
Shwebo	350	3	2	9	1	4	13	6	5	3	14	10	6	76	217·1	1	2·86
Fort Dufferin (Mandalay)	1,561	54	26	42	11	53	39	29	19	38	53	31	45	440	281·9	2	1·28
Nanpaung	101	9	2	1	11	8	7	11	7	1	3	3	4	67	663·4	...	...
Loikaw	91	15	7	7	5	1	3	5	...	17	13	8	5	86	945·1	...	...
Fort Stedman	488	17	1	1	6	28	13	10	5	7	11	10	25	134	274·6	...	...
Bampon	76	4	2	1	2	1	4	7	13	11	11	13	14	83	1,092·1	...	...
Smaller Outposts of Burma Inland	30	27	2	1	...	...	...	...	...	...	...	...	...	30	1,000·0	1	33·33
Silchar and Outposts	624	19	8	8	5	11	10	25	7	18	39	16	7	173	277·2	...	...
Dibrugarh ,,	391	11	3	8	18	8	5	17	29	47	50	31	21	248	634·3	...	...
Kohima ,,	458	6	4	2	2	3	1	11	12	8	8	9	32	98	214·0	...	...
Manipur ,,	996	11	10	14	7	28	45	40	35	61	55	56	29	391	392·6	1	1·00
Fort William, Alipore, and Ballygunge	1,360	135	44	49	48	37	51	67	39	52	102	85	70	779	572·8	4	2·94
Dum-Dum	129	...	1	...	3	1	...	1	...	5	4	2	4	21	162·8	...	...
Barrackpore	751	7	18	8	5	6	9	72	6	6	32	36	11	216	287·6	3	3·99
Buxar	294	2	5	2	...	2	9	6	4	5	7	2	4	48	163·3	...	...
Cuttack	294	5	...	1	4	1	...	...	1	1	...	6	5	24	81·6	...	...
Doranda	460	13	26	4	13	18	9	57	45	68	71	29	23	376	817·4	2	4·35
Dinapore	464	2	3	...	1	1	...	2	2	4	9	24	6	54	116·4	1	2·16
Benares	762	3	10	4	10	7	8	17	45	57	57	12	5	235	308·4	2	2·62
Fyzabad	1,092	28	6	7	7	12	2	3	4	12	26	3	3	113	103·5	2	1·83
Lucknow	1,681	29	19	10	17	14	21	19	17	19	26	12	10	213	126·7	4	2·38
Fatehgarh	149	1	...	4	6	2	...	...	2	5	18	2	2	42	281·9	1	6·71
Cawnpore	1,205	4	24	7	9	8	1	9	2	13	48	22	9	156	129·5	3	2·49
Allahabad	1,170	24	39	8	15	3	8	17	30	52	94	27	5	322	275·2	1	·85
Bareilly	1,115	12	19	2	6	5	4	9	7	22	34	7	2	129	115·7	...	...
Dehra Dun	1,733	11	44	8	16	22	16	75	29	62	91	45	36	455	262·6	1	·58
Roorkee	779	5	8	1	3	8	4	6	4	16	27	16	4	102	130·9	2	2·57
Meerut	1,168	3	2	19	12	13	6	18	67	93	81	27	24	365	312·5	...	...
Delhi	779	33	8	11	12	18	19	29	113	90	76	44	37	490	629·0	5	6·42
Umballa	879	1	11	15	9	7	3	2	7	14	50	11	6	136	154·7	...	...
Ludhiana	43	6	1	...	1	4	...	3	7	5	7	...	1	35	814·0	...	...
Jullundur	1,030	33	11	16	11	10	10	22	77	138	104	26	13	471	457·3	4	3·88
Ferozepore	1,540	45	25	19	19	39	12	16	99	157	174	65	18	688	446·8	6	3·90
Sialkot	1,741	19	5	12	8	13	8	17	47	39	115	63	8	354	203·3	...	...
Amritsar	180	1	2	2	3	8	...	3	12	6	5	7	5	54	300·0	...	...
Meean Meer	1,744	59	43	12	30	25	15	43	80	173	197	64	41	782	448·4	10	5·73
Jhelum	1,322	35	12	7	10	16	10	16	25	152	209	51	21	564	426·6	2	1·51
Rawalpindi	2,002	87	27	22	25	30	22	34	58	74	176	38	12	608	303·7	7	3·50
Mooltan	1,102	19	20	11	3	5	9	3	9	31	109	29	5	253	229·6	1	·91
Attock	64	2	...	...	2	1	...	...	1	1	5	1	2	15	234·4	...	...
Nowshera	1,079	36	11	4	7	16	5	11	21	87	140	39	12	389	360·5	2	1·85
Peshawar and Outposts	2,597	56	40	19	36	46	49	53	91	528	616	184	48	1,766	680·0	18	6·94
Murdan ,,	1,058	19	28	11	6	19	13	19	18	9	127	76	18	363	343·1	5	4·73
Kohat ,,	2,222	158	55	43	39	67	65	116	220	652	479	251	76	2,221	999·5	6	2·70
Edwardesabad ,,	1,571	60	60	35	38	28	38	44	72	117	461	515	150	1,618	1,029·9	5	3·18
Dera Ismail Khan ,,	1,774	107	65	42	34	128	65	56	208	129	172	34	44	1,084	611·0	4	2·25
Dera Ghazi Khan ,,	1,212	52	30	20	14	29	35	39	120	114	247	179	69	948	782·2	2	1·65
Rajanpur ,,	393	1	5	9	14	9	4	5	15	35	77	37	18	229	582·7	...	...
Jacobabad	637	19	17	10	18	6	9	4	4	16	75	74	16	268	420·7	1	1·57
Hyderabad	565	13	13	8	3	2	6	1	10	18	30	59	27	190	336·3	1	1·77
Kurrachee	688	3	5	3	1	4	5	16	27	1	96	173	79	413	600·3	2	2·91
Bhuj	645	3	...	...	...	3	2	3	3	11	22	9	11	67	103·9	1	1·55

XXVII—*continued.*

TABLE showing the PREVALENCE of MALARIAL FEVERS in each MONTH, and their DISTRIBUTION by STATIONS.

STATIONS.	Average Annual Strength Present.	Number of Admissions into Hospital in each Month.												Total Admissions of the year.	Admission-rate per 1,000 of strength.	Total Deaths of the year.	Death-rate per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.				
Agra	829	17	6	5	9	9	11	10	3	6	18	9	6	109	131·5	...	...
Jhansi	739	14	17	24	22	23	10	15	29	68	237	201	68	728	985·1	...	...
Nowgong	1,235	5	9	9	7	16	21	29	31	40	148	54	24	393	318·2	...	...
Nasirabad	575	16	10	10	14	14	12	38	50	80	127	42	20	433	753·0	1	1·74
Neemuch	615	13	22	13	17	16	14	7	7	31	57	64	36	297	482·9	1	1·63
Indore	207	6	1	3	2	3	1	1	...	4	8	...	4	33	159·4	1	4·83
Sehore and Outposts	755	28	18	44	25	17	9	16	21	19	36	23	16	272	360·3	1	1·32
Mhow	1,199	21	10	16	22	15	11	12	15	22	25	36	32	237	197·7	1	·83
Sadra	66	...	...	...	1	2	...	...	1	1	2	3	...	10	151·5	...	...
Agar	333	11	12	7	1	10	8	5	6	7	15	3	22	107	321·3	1	3·00
Goona	329	12	3	8	15	5	4	6	6	15	75	21	8	178	541·0	1	3·04
Sirdarpore and Outposts	493	4	5	2	4	1	3	4	8	22	27	22	9	114	231·2	...	...
Kherwara ,,	572	8	12	6	8	3	...	9	11	18	40	25	10	150	262·2	2	3·50
Erinpura ,,	719	32	37	14	14	16	6	17	21	35	121	19	9	341	474·3	1	1·39
Deoli ,,	745	8	6	4	10	14	6	6	19	40	39	10	10	172	230·9	1	1·34
Ajmere ,,	597	6	6	4	...	4	1	9	11	16	24	10	11	102	170·9	...	...
Deesa	1,023	51	17	17	14	16	15	28	26	85	81	44	27	421	411·5	2	1·96
Ahmedabad	522	45	6	3	5	10	19	8	26	56	126	78	46	428	819·9	1	1·92
Rajkot	808	33	15	6	10	7	9	21	79	184	273	150	92	879	1,087·9	4	4·95
Baroda	582	26	24	38	35	20	8	10	13	43	91	66	25	399	685·6	...	...
Surat	134	15	11	3	6	5	3	4	4	6	13	13	6	89	664·2	...	...
Jubbulpore	844	17	8	17	25	14	...	15	68	70	137	61	30	462	547·4	2	2·37
Saugor	966	35	22	24	14	56	17	26	57	68	155	36	28	538	556·9	2	2·07
Sambalpur	267	5	4	3	11	18	1	9	20	13	14	10	5	113	423·2	...	...
Kamptee	647	10	17	41	35	17	9	14	10	25	46	35	20	279	431·2	...	...
Sitabaldi	94	4	...	...	3	...	2	1	2	4	10	7	4	37	393·6	...	...
Raipur	434	9	3	5	9	4	10	6	8	44	32	44	18	192	442·4	1	2·30
Sutna	38	...	...	...	2	1	...	...	3	2	5	4	...	17	447·4	...	...
Asirgarh	43	2	...	...	1	1	1	3	4	4	6	4	1	27	627·9	...	...
Malegaon	100	1	1	3	1	1	4	3	3	2	6	5	3	33	330·0	...	...
Ahmednagar	574	14	7	3	2	1	19	6	9	23	33	26	13	156	271·8	...	...
Sirur	511	21	13	14	13	14	10	10	14	8	13	22	19	171	334·6	1	1·96
Poona	2,414	96	30	41	72	84	72	75	71	60	73	53	32	759	314·4	1	·41
Kirkee	1,018	29	15	33	52	61	44	30	28	25	24	39	22	402	394·9	3	2·95
Satara	677	29	20	11	7	9	5	10	18	16	21	38	14	198	292·5	...	...
Belgam	1,488	8	15	8	8	9	11	5	8	7	5	10	6	100	67·2	...	...
Ellichpur	765	52	40	37	23	24	7	38	28	44	61	79	60	493	644·4	1	1·31
Aurangabad	1,228	25	46	20	21	22	16	25	30	22	42	32	20	321	261·4	2	1·63
Jalna	723	37	45	55	35	17	6	7	14	22	28	31	23	320	442·6	1	1·38
Hingoli	1,146	40	33	60	34	38	20	29	45	51	65	39	15	469	409·2	3	2·62
Mominabad	438	12	1	13	11	2	1	2	6	8	7	8	3	74	168·9	...	...
Bolarum	1,381	9	12	15	29	24	12	10	13	8	21	14	10	177	128·2	...	...
Raichur	735	6	4	14	4	3	2	10	5	18	46	12	9	133	181·0	...	...
Secunderabad	3,712	130	130	174	144	118	73	221	179	268	267	255	132	2,091	563·3	4	1·08
Thana	104	2	2	5	3	1	1	1	1	3	2	1	3	25	240·4	...	...
Bombay	1,522	42	62	44	23	60	68	60	30	29	71	56	27	572	375·8	...	...
Butcher's Island	21	1	1	...	...	...	...	...	...	...	...	1	...	3	142·9	...	...
Cannanore	722	11	7	2	11	18	4	10	9	13	1	6	7	99	137·1	...	...
Trichoor	90	3	1	1	...	2	...	...	...	2	1	3	...	13	144·4	...	...
Quilon	477	1	1	1	...	...	9	1	...	2	2	1	1	19	39·8	...	...
Trivandrum	77	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bangalore	3,627	15	10	5	28	68	16	19	13	15	30	49	33	301	83·0	2	·55
Bellary	1,167	30	28	31	20	8	6	4	9	14	24	13	10	197	168·8	1	·86
Trichinopoly	1,286	14	11	9	9	9	2	3	4	7	4	3	8	83	64·6	3	2·33
Madras	1,361	7	4	3	5	5	4	10	2	2	13	6	32	93	68·4	1	·73
St. Thomas' Mount	246	1	1	2	1	1	1	2	2	2	2	5	7	27	109·8	...	...
Vizianagram	810	16	21	8	5	5	8	13	16	10	1	4	4	111	137·0	2	2·47
Berhampur	387	...	...	...	3	1	1	...	8	5	4	2	5	29	74·9	...	...
Darjeeling	122	5	1	2	1	...	...	1	...	1	1	4	1	17	132·8	...	...
Gantak	126	1	1	1	...	8	...	6	3	4	8	1	...	33	261·9	...	...
Almora and Outposts	703	24	23	8	12	17	12	16	7	3	...	11	19	152	216·2	4	5·69
Lansdowne	1,518	24	34	20	8	40	21	41	28	71	127	104	101	619	407·8	1	·66
Simla and Jutogh	259	...	...	2	6	8	3	13	9	5	11	...	...	57	220·1	1	3·86
Dharmsala and Kangra	1,348	34	13	25	21	15	30	48	37	52	29	16	38	358	265·6	4	2·97
Bakloh	1,239	36	14	9	26	36	31	33	43	29	61	5	30	353	284·9	2	1·61
Murree Hills	217	...	...	...	...	2	4	3	2	4	7	...	...	22	101·4	1	4·61
Cherat	73	...	2	1	1	2	1	1	2	4	15	3	...	32	438·4	...	...
Quetta	6,342	253	136	154	194	258	211	391	644	979	913	308	225	4,666	735·7	28	4·42
Abbottabad	2,402	65	30	20	29	43	33	216	407	578	341	211	142	2,115	880·5	8	3·33
Samana Posts	499	5	4	6	8	28	33	23	10	22	39	43	18	239	479·0	1	2·00
Ootacamund	49	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Shillong and Outposts	620	18	28	51	50	44	41	38	16	11	15	26	12	350	564·5	...	...
Fort White	126	3	1	5	3	5	3	2	...	3	1	1	...	27	214·3	...	...
Chin Hills	270	14	8	14	4	5	2	1	6	1	1	12	21	89	329·6	...	...

XXVII—*concluded.*

TABLE showing the PREVALENCE of MALARIAL FEVERS in each MONTH, and their DISTRIBUTION by STATIONS.

STATIONS.	Average Annual Strength Present.	NUMBER OF ADMISSIONS INTO HOSPITAL IN EACH MONTH.												Total Admissions of the year.	Admission-rate per 1,000 of strength.	Total Deaths of the year.	Death-rate per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.				
Waziristan Field Force	1,349	...	...	...	...	...	...	...	...	...	127	133	113	373	276·5	8	5·93
Bengal Troops marching, Bengal	4,518	157	48	21	21	5	5	11	11	14	173	215	186	867	191·9	4	·89
Bengal Troops marching, Burma	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Central India and Rajputana Corps marching	546	8	3	...	...	...	...	...	...	...	...	21	4	36	65·9	1	1·83
Bombay Troops in Bengal Command	143	57	31	8	...	...	...	...	...	...	...	...	...	96	671·3	1	6·99
Bombay Troops marching, Bombay	697	8	39	8	36	...	...	...	...	...	9	8	2	110	157·8	1	1·43
Bombay Troops marching, Bengal	39	2	...	4	...	...	...	...	...	1	...	...	...	7	179·5	2	51·28
Bombay Troops marching in Quetta District	425	...	...	10	2	2	...	4	5	6	26	...	...	55	129·4	2	4·71
Bombay Troops marching, Burma	21	...	...	...	...	...	...	...	...	...	...	...	1	1	47·6	...	...
Hyderabad Contingent marching	507	...	...	...	...	...	...	...	...	...	...	32	50	82	161·7	...	...
Madras Troops in Bengal Command	78	...	...	...	...	1	...	1	...	...	...	...	...	2	25·6	1	...
Madras Troops marching, Madras	584	...	...	...	2	...	...	...	...	1	6	25	1	35	59·9	1	1·71
Madras Troops marching, Burma	997	20	8	5	4	9	1	...	1	...	4	18	17	87	87·3	1	1·00
Aden	1,057	135	184	107	72	484	325	174	85	84	156	267	113	2,186	2,068·1	3	2·84
Kurram	790	17	4	2	4	1	1	3	15	24	11	6	9	97	122·8	2	2·53
Khajuri Kach	382	9	9	11	15	26	16	16	11	20	40	19	9	201	526·2	1	2·62
Jandola	264	11	5	6	2	12	14	7	27	37	37	27	2	187	708·3	3	11·36
Gilgit	994	3	...	1	1	13	3	27	12	5	15	7	2	89	89·5	2	2·01
Kalat	243	6	4	2	5	20	20	5	6	8	2	...	10	88	362·1	...	...
Abor	51	1	2	2	...	...	...	...	...	...	...	...	...	5	98·0	...	...
Army of Bengal	65,446	1,708	1,064	802	860	1,230	976	1,689	2,705	4,621	6,495	3,487	1,832	27,469	419·7	157	2·40
Central India and Rajputana	5,089	120	102	89	77	70	37	72	103	172	377	154	99	1,472	289·3	8	1·57
Army of Madras	26,628	548	367	403	364	541	420	577	413	538	634	622	535	5,962	223·9	32	1·20
,, of Bombay	23,757	944	693	576	644	1,088	844	873	1,047	1,600	2,198	1,630	873	13,010	547·6	54	2·27
Hyderabad Contingent	6,924	181	181	214	157	130	64	121	141	173	270	247	190	2,069	298·8	7	1·01
ARMY OF INDIA	127,844	3,501	2,407	2,084	2,102	3,059	2,341	3,332	4,409	7,104	9,974	6,140	3,529	49,982	391·0	258	2·02

XXVIII.

TABLE showing the PREVALENCE of VENEREAL DISEASES by STATIONS.

Bengal Army.

Stations.	Average annual strength present.	Total number of admissions from venereal diseases.	Ratio per 1,000 of average annual strength.	Number of Cases.			
				Primary syphilis.	Ulcer of penis.	Secondary syphilis.	Gonorrhœa.
Fort Dufferin	132	15	113·6	1	6	5	3
Marching	6	...	...	...	...	...	...
Silchar and Outposts	624	22	35·3	4	...	12	6
Dibrugarh ,,	391	12	30·7	2	...	...	10
Kohima ,,	458	21	45·9	4	4	6	7
Manipur ,,	996	80	80·3	30	4	19	27
Fort William, Alipore, and Ballygunge	1,360	51	37·5	3	26	9	13
Dum-Dum	129	6	46·5	5	...	1	...
Barrackpore	751	10	13·3	2	1	3	4
Buxa	294	2	6·8	...	...	1	1
Doranda	460	4	8·7	1	...	2	1
Dinapore	464	17	36·6	2	6	3	6
Benares	762	14	18·4	3	2	4	5
Fyzabad	1,092	19	17·4	10	2	2	5
Lucknow	1,681	40	23·8	6	15	4	15
Fatehgarh	149	2	13·4	1	...	...	1
Cawnpore	1,205	19	15·8	5	2	5	7
Allahabad	1,170	17	14·5	3	2	10	2
Bareilly	1,115	11	9·9	6	...	3	2
Dehra Dun	1,733	118	68·1	26	13	54	25
Roorkee	779	8	10·3	2	...	3	3
Meerut	1,168	14	12·0	...	2	3	9
Delhi	779	19	24·4	6	...	1	12
Umballa	879	35	39·8	5	5	18	7
Ludhiana	43	1	23·3	1	...	...	...
Jullundur	1,130	30	29·1	6	5	7	12
Ferozepore	1,540	24	15·6	7	4	2	11
Sialkot	1,741	34	19·5	9	11	9	5
Amritsar	180	6	33·3	2	...	1	3
Meean Meer	1,744	65	37·3	27	8	14	16
Jhelum	1,322	56	42·4	34	4	8	10
Rawalpindi	2,002	68	34·0	22	14	6	26
Mooltan	1,102	6	5·4	1	1	3	1
Fort Attock	64	...	...	...	...	...	...
Nowshera	1,079	16	14·8	9	...	2	5
Peshawar and Outposts	2,597	72	27·7	23	12	9	28

NATIVE TROOPS, 1894.

XXVIII—*continued.*

TABLE showing the PREVALENCE of VENEREAL DISEASES by STATIONS.

Bengal Army.

STATIONS.	Average annual strength present.	Total number of admissions from venereal diseases.	Ratio per 1,000 of average annual strength.	NUMBER OF CASES.			
				Primary syphilis.	Ulcer of penis.	Secondary syphilis.	Gonorrhœa.
Agra	829	23	27·7	8	7	2	6
Jhansi	739	28	37·9	13	...	2	13
Nowgong	1,235	47	38·1	23	6	4	14
Jubbulpore	844	20	23·7	8	...	6	6
Saugor	966	35	36·2	11	6	8	10
Sutna	38	7	184·2	...	...	2	5
Darjeeling	128	17	132·8	6	3	4	4
Gantak	126	1	7·9	...	1	...	...
Almora and Outposts	703	11	15·6	6	...	2	3
Lansdowne	1,518	58	38·2	33	4	15	6
Simla and Jutogh	259	25	96·5	18	...	4	3
Dharmsala and Kangra	1,348	112	83·1	64	5	11	32
Bakloh	1,239	48	38·7	17	1	6	24
Murree Hills	217	15	69·1	3	7	1	4
Cherat	73	3	41·1	3	...	...	...
Shillong and Outposts	620	95	153·2	15	6	28	46
Quetta District	2,070	37	17·9	6	4	8	19
Gilgit	994	27	27·2	3	15	5	4
Mardan and Outposts	1,058	20	18·9	...	5	7	8
Kohat ,,	2,222	55	24·8	14	11	14	16
Edwardesabad ,,	1,571	21	13·4	7	2	4	8
Dera Ismail Khan ,,	1,774	35	19·7	10	1	9	15
Dera Ghazi Khan ,,	1,212	24	19·8	3	2	14	5
Rajanpur	393	2	5·1	...	...	1	1
Abbottabad and Outposts	2,402	62	25·8	12	6	29	15
Samana Posts	499	2	4·0	1	...	1	...
Kurram	790	10	12·7	1	3	3	3
Khajuri Kach	382	1	2·6	...	...	1	...
Jandola	264	3	11·4	2	...	1	...
Marching Bengal Presidency	4,518	116	25·7	55	11	13	37
Waziristan Field Force	1,349	39	28·9	21	...	10	8
Abor	51	4	78·4	1	...	2	1
BENGAL ARMY	65,446	1,937	29·6	632	255	446	604

XXVIII—*continued.*

CENTRAL INDIA and RAJPUTANA CORPS.

Stations.	Average annual strength present.	Total number of admissions from venereal diseases.	Ratio per 1,000 of average annual strength.	Number of Cases.			
				Primary syphilis.	Ulcer of penis.	Secondary syphilis.	Gonorrhœa.
Agar	333	9	27·0	1	4	1	3
Goona	329	5	15·2	2	...	...	3
Sirdarpore and Outposts	493	5	10·1	1	...	...	4
Kherwara ,,	572	5	8·7	...	...	3	2
Erinpura ,,	719	4	5·6	3	...	...	1
Deoli ,,	745	10	13·4	2	...	6	2
Ajmere ,,	597	13	21·8	4	...	6	3
Sehore ,,	755	18	23·8	4	...	6	8
Marching	546	...	...	...	...	...	...
Central India and Rajputana Corps	5,089	69	13·6	17	4	22	26
BOMBAY ARMY.							
Bhamo	85	...	...	...	...	...	...
Fort Dufferin	83	8	96·4	...	6	1	1
Marching in Burma	21	...	...	...	...	...	...
Jacobabad	637	21	33·0	6	1	4	10
Hyderabad	565	34	60·2	19	...	3	12
Kurrachee	688	24	34·9	13	...	1	10
Bhuj	645	38	58·9	7	12	8	11
Nasirabad	575	26	45·2	3	9	3	11
Neemuch	615	21	34·1	...	7	9	5
Indore	207	10	48·3	4	...	...	6
Mhow	199	99	82·6	45	9	19	26
Sadra	66	3	45·5	1	1	...	1
Deesa	1,023	39	38·1	9	3	9	18
Ahmedabad	522	26	49·8	...	10	8	8
Rajkot	808	15	18·6	1	8	3	3
Baroda	582	18	30·9	...	2	12	4
Surat	134	...	...	...	...	...	...
Kamptee	647	25	38·6	7	...	15	3
Sitabaldi	94	5	53·2	...	...	4	1
Raipur	434	18	41·5	...	3	9	6
Sambalpur	267	5	18·7	3	1	1	...
Asirgarh	43	1	23·3	...	...	...	1
Malegaon	100	8	80·0	5	...	...	3
Ahmednagar	574	22	38·3	7	1	11	3
Sirur	511	13	25·4	3	...	10	...
Poona	2,414	107	44·3	52	7	25	23
Kirkee	1,018	61	59·9	21	12	13	15
Satara	677	25	36·9	13	...	7	5
Thana	104	2	19·2	2	...	...	...
Bombay	1,522	79	51·9	39	11	15	14
Butcher's Island	21	1	47·6	1	...	...	...
Quetta District	4,272	152	35·6	16	25	31	80
Bombay Troops in Bengal Command	143	3	21·0	...	...	1	2
,, ,, marching in Bengal	39	1	25·6	...	...	...	1
,, ,, ,, in Quetta District	425	...	...	...	...	...	...
Aden	1,057	54	51·1	15	13	17	9
Bombay Troops marching in the Bombay Presidency	697	6	8·6	2	...	1	3
Kalat	243	7	28·8	2	2	3	...
Bombay Army	23,757	977	41·1	296	143	243	295
HYDERABAD CONTINGENT.							
Ellichpur	755	34	44·4	15	1	10	8
Aurangabad	1,228	23	18·7	6	1	7	9
Jalna	723	3	4·1	...	...	1	2
Hingoli	1,146	29	25·3	10	...	7	12
Mominabad	438	2	4·6	1	...	...	1
Bolarum	1,381	19	13·8	4	...	3	12
Raichur	735	14	19·0	4	...	6	4
Marching	507	11	21·7	6	...	1	4
Hyderabad Contingent	6,924	135	19·5	46	2	35	52

XXVIII—*concluded.*

MADRAS ARMY.

Stations.	Average annual strength present.	Total number of admissions from venereal diseases.	Ratio per 1,000 of average annual strength.	Number of Cases.			
				Primary syphilis.	Ulcer of penis.	Secondary syphilis.	Gonorrhœa.
Port Blair	272	11	40·4	...	...	10	1
Moulmein	642	65	101·2	22	...	35	8
Rangoon	1,174	61	52·0	24	1	25	11
Fort Stedman	488	12	24·6	3	...	4	5
Bampon	76	2	26·3	1	...	...	1
Loikaw	91	4	44·0	4	...	...	...
Thayetmyo	546	9	16·5	4	...	3	2
Meiktila	706	10	14·2	5	...	2	3
Myingyan	873	19	21·8	5	7	4	3
Mindat-Sikaw	139	2	14·4	...	...	...	2
Haka	350	5	14·3	1	...	1	3
Falam	342	13	38·0	...	...	5	8
Kalewa	61	2	32·8	1	...	...	1
Tiddin	459	8	17·4	...	...	8	...
Kalemyo	50	...	...	...	...	...	...
Fort Dufferin (Mandalay)	1,346	90	66·9	18	26	12	34
Nanpaung	101	1	9·9	...	1	...	...
Tigyaing	45	2	44·4	1	...	...	1
Kyaukmyaung	29	1	34·5	...	...	...	1
Shwebo	350	15	42·9	1	3	5	6
Bhamo	578	12	20·8	2	1	4	5
Thabeitkyin	32	...	...	...	...	...	...
Smaller Outposts of Burma Inland	30	...	...	...	...	...	...
Cuttack	294	16	54·4	...	5	2	9
Belgam	1,488	97	65·2	30	12	39	16
Secunderabad	3,712	100	26·9	29	9	11	51
Cannanore	722	37	51·2	7	...	10	20
Trichoor	90	1	11·1	...	...	1	...
Quilon	477	44	92·2	5	8	20	11
Trivandrum	77	3	39·0	1	2	...	...
Madras	1,361	40	29·4	10	3	12	15
St. Thomas' Mount	246	3	12·2	1	...	1	1
Bangalore	3,627	105	28·9	21	9	26	49
Bellary	1,167	66	56·6	9	19	11	27
Trichinopoly	1,286	54	42·0	5	11	23	15
Vizianagram	810	60	74·1	...	30	12	18
Berhampur	387	8	20·7	1	4	2	1
Ootacamund	49	1	20·4	...	...	...	1
Fort White	126	9	71·4	3	...	5	1
Chin Hills	270	5	18·5	...	1	2	2
Madras Troops in the Bengal Command	78	...	...	...	...	...	...
„ „ marching in Burma	997	7	7·0	...	2	...	5
„ „ „ „ Madras	584	12	20·5	6	...	2	4
Madras Army	26,628	1,012	38·0	220	154	297	341

SUMMARY.

Bengal Army	65,446	1,937	29·6	632	255	446	604
Central India and Rajputana Corps	5,089	69	13·6	17	4	22	26
Madras Army	26,628	1,012	38·0	220	154	297	341
Bombay Army	23,757	977	41·1	296	143	243	295
Hyderabad Contingent	6,924	135	19·5	46	2	35	52
Army of India	127,844	4,130	32·3	1,211	558	1,043	1,318

NATIVE TROOPS, 1894.

XXVIII*a*.

BENGAL ARMY.

AVERAGE ANNUAL STRENGTH PRESENT, 65,446.

Detail of Venereal Diseases.	Number of Admissions.	Ratio per 1,000 of average annual strength.	
Primary Syphilis	632	9·7	13·6
Ulcer of Penis	255	3·9	
Secondary Syphilis	446		6·8
Gonorrhœa	604		9·2

CENTRAL INDIA & RAJPUTANA CORPS.

AVERAGE ANNUAL STRENGTH PRESENT, 5,089.

Detail of Venereal Diseases.	Number of Admissions.	Ratio per 1,000 of average annual strength.	
Primary Syphilis	17	3·3	4·1
Ulcer of Penis	4	·8	
Secondary Syphilis	22		4·3
Gonorrhœa	26		5·1

BOMBAY ARMY.

AVERAGE ANNUAL STRENGTH PRESENT, 23,757.

Detail of Venereal Diseases.	Number of Admissions.	Ratio per 1,000 of average annual strength.	
Primary Syphilis	296	12·5	18·5
Ulcer of Penis	143	6·0	
Secondary Syphilis	243		10·2
Gonorrhœa	295		12·4

HYDERABAD CONTINGENT.

AVERAGE ANNUAL STRENGTH PRESENT, 6,924.

Detail of Venereal Diseases.	Number of Admissions.	Ratio per 1,000 of average annual strength.	
Primary Syphilis	46	6·6	6·9
Ulcer of Penis	2	·3	
Secondary Syphilis	35		5·1
Gonorrhœa	52		7·5

MADRAS ARMY.

AVERAGE ANNUAL STRENGTH PRESENT, 26,628.

Detail of Venereal Diseases.	Number of Admissions.	Ratio per 1,000 of average annual strength.	
Primary Syphilis	220	8·3	14·0
Ulcer of Penis	154	5·8	
Secondary Syphilis	297		11·2
Gonorrhœa	341		12·8

INDIA.

AVERAGE ANNUAL STRENGTH PRESENT, 127,844.

Detail of Venereal Diseases.	Number of Admissions.	Ratio per 1,000 of average annual strength.	
Primary Syphilis	1,211	9·5	13·8
Ulcer of Penis	558	4·4	
Secondary Syphilis	1,043		8·2
Gonorrhœa	1,318		10·3

XXIX.

ABSTRACT of the ANNUAL RETURNS of the NATIVE ARMY, showing the ADMISSIONS and DEATHS of each REGIMENT for the YEAR.

The statistics of this table, which is compiled from the Regimental Annual Returns, must not be regarded as showing with accuracy the relation to Locality of the Strength, Sickness, and Mortality of Regiments.

	REGIMENTS, STATIONS, AND RACE CONSTITUTION.	Date of arrival from station previously occupied.	REGIMENTAL STRENGTH.		Average number Constantly sick.	Ratio of admissions and present deaths per 1,000 of average strength present.	Total Admissions and Deaths from all causes. The deaths are shown as Present + Absent. Total Regimental death loss of the year = *Present + Absent × 1,000 ÷ Number borne on the rolls.*	ADMISSIONS AND DEATHS WITH THE REGIMENT.										
			Number borne on the rolls.	Average Strength Present.				Cholera.	Dysentery.	Malarial Fevers.	Venereal Diseases.	Scurvy.	Tubercle.	Anæmia and Debility.	Pneumonia.	Other Respiratory Diseases.	Diarrhœa.	All other causes.
1	Native Drivers, No. 7 Mountain Battery, Royal Artillery, Mandalay, Punjabi Mussalmans and Sikhs	November 1891, from Quetta	148	133	6·4	1,315·8 15·04	Admitted . 175 Died . 2+2	... ...	11 ...	55 ...	15 ...	... ...	... ...	13 1	1 1	14 ...	... ...	66 ...
2	18th Bengal Infantry, Silchar, Mussalmans	January 1891, from Jubbulpore	859	752	33·8	852·4 15·96	Admitted . 641 Died . 12+3	... ...	65 4	164 ...	14 ...	1 ...	... ...	13 ...	4 2	47 ...	37 ...	296 6
3	Wing, 2nd Bengal Infantry, Dibrugarh, Rajputs	October 1894, from Allahabad	125	113	6·2	1,938·1 17·70	Admitted . 219 Died . 2+2	... ...	21 ...	127 ...	2 ...	... ...	... ...	5 ...	... ...	7 ...	21 2	36 ...
4	Wing, 13th Bengal Infantry, Dibrugarh, Rajputs and other Hindus	October 1891, from Dinapore	345	297	11·6	1,141·4 10·10	Admitted . 339 Died . 3+2	... ...	23 1	184 ...	9 ...	... ...	... ...	6 ...	1 ...	24 ...	2 ...	90 2
5	Head-quarters, 42nd Gurkha Rifles, Kohima, Gurkhas	July 1891, from Dibrugarh	532	479	13·2	509·4 12·53	Admitted . 244 Died . 6+0	... ...	15 ...	72 ...	19 ...	1 ...	1 2	4 ...	7 1	5 ...	1 ...	119 3
6	Wing, 42nd Gurkha Rifles, Manipur, Gurkhas	November 1891, from Kohima.	464	302	13·0	844·4 13·25	Admitted . 255 Died . 4+0	... ...	15 ...	101 ...	25 ...	... ...	1 ...	11 1	1 1	11 1	... ...	90 1
7	Wing, 44th Gurkha Rifles, Manipur, Gurkhas	December 1894, from Shillong	75	70	2·4	1,642·9 14·29	Admitted . 115 Died . 1+0	3 1	3 ...	51 ...	11 ...	... ...	... ...	1 ...	... ...	1 ...	4 ...	41 ...
8	43rd Gurkha Rifles, Manipur, Gurkhas	July 1891, from Shillong	888	798	31·3	1,053·9 10·03	Admitted . 841 Died . 8+6	1 ...	47 ...	311 1	57 ...	... ...	5 3	7 ...	14 1	18 ...	20 ...	299 3
9	6th Bengal Infantry, Fort William, Jâts	December 1892, from Cawnpore	768	684	28·4	1,282·2 2·92	Admitted . 877 Died . 2+2	... ...	51 ...	355 ...	32 ...	2 ...	... ...	12 ...	2 1	57 ...	6 1	360 ...
10	16th Bengal Infantry, Alipore, with detachment of 67 men at Dum-Dum, Rajputs	December 1892, from Agra	770	685	35·7	1,176·6 17·52	Admitted . 806 Died . 12+9	... ...	102 2	360 4	19 ...	1 ...	3 2	21 1	2 1	59 2	19 ...	220 ...
11	10th Bengal Infantry, Barrackpore, Jâts	December 1892, from Lucknow	885	788	27·7	912·4 11·42	Admitted . 719 Died . 9+2	... ...	67 ...	227 3	10 ...	4 ...	3 2	19 ...	4 2	20 ...	18 ...	347 2
12	Wing, 12th Bengal Infantry, Buxa, Rohilla and other Mussalmans	November 1891, from Benares	358	298	8·2	651·0 3·36	Admitted . 194 Died . 1+3	... ...	6 ...	49 ...	2 ...	... ...	... ...	2 ...	1 ...	7 ...	4 ...	123 1
13	Head-quarters, 12th Bengal Infantry, Doranda, Mussalmans	December 1891, from Benares	537	472	25·0	1,512·7 6·36	Admitted . 714 Died . 3+1	... ...	6 ...	376 2	4 ...	... ...	2 ...	23 ...	... ...	8 1	1 ...	294 ...
14	Head-quarters, 13th Bengal Infantry, Dinapore, with detachment of 128 men at Sadiya and Sahankhutta, Rajputs and other Hindus	January 1891, from Allahabad	528	477	10·2	559·7 6·29	Admitted . 267 Died . 3+1	... ...	51 1	68 1	15 ...	... ...	3 ...	3 ...	3 ...	17 ...	21 ...	86 1
15	5th Bengal Infantry, Benares, Mussalmans	November 1891, from Lucknow	887	774	19·0	863·0 10·34	Admitted . 668 Died . 8+5	2 1	68 1	229 2	14 ...	... ...	5 1	6 ...	1 ...	17 1	6 ...	320 2
16	3rd Bengal Cavalry, Fyzabad, Mussalmans, Sikhs, and other Hindus	February 1892, from Cawnpore	624	497	5·5	388·3 6·04	Admitted . 193 Died . 3+3	... ...	10 ...	37 ...	7 ...	... ...	2 ...	7 ...	1 1	17 ...	... ...	112 2
17	4th Bengal Infantry, Fyzabad, Rajputs	March 1891, from Jhansi	890	772	15·5	566·1 3·89	Admitted . 437 Died . 3+1	1 ...	44 ...	86 2	15 ...	1 ...	... ...	20 ...	1 ...	24 ...	10 ...	235 1
18	7th Bengal Lancers, Lucknow, Hindus and Mussalmans	February 1893, from Bareilly	616	506	10·3	509·9 3·95	Admitted . 258 Died . 2+2	3 1	11 ...	57 1	6 ...	... ...	... ...	... ...	... ...	15 ...	1 ...	165 ...

	REGIMENTS, STATIONS AND RACE CONSTITUTION.	Date of arrival from station previously occupied.	REGIMENTAL STRENGTH.		Average number Constantly sick.	Ratio of admissions and present deaths per 1,000 of average strength present.	Total admissions and deaths from all causes. The deaths are shown as Present + Absent. Total regimental death loss of the year = *Present + Absent × 1,000 ÷ Number borne on the rolls.*	ADMISSIONS AND DEATHS WITH THE REGIMENT.										
			Number borne on the rolls.	Average Strength Present.				Cholera.	Dysentery.	Malarial Fevers.	Venereal Diseases.	Scurvy.	Tubercle.	Anæmia and Debility.	Pneumonia.	Other Respiratory Diseases.	Diarrhœa.	All other causes.
19	7th Bengal Infantry, Lucknow, Rajputs .	February 1893, from Myingyan .	873	735	18·3	553·7 12·24	Admitted . 407 Died . 9+5	6 1	11 ...	62 2	16 ...	... ...	3 1	2 ...	6 1	21 1	3 ...	277 3
20	9th Gurkha Rifles, Lucknow, Gurkhas . .	January 1892, from Doranda .	526	455	14·2	608·8 15·38	Admitted . 277 Died . 7+0	9 5	15 ...	110 1	16 ...	... ...	... ...	... ...	3 1	11 ...	8 ...	105 ...
21	4th Bengal Cavalry, Cawnpore, Hindus and Mussalmans . .	January 1892, from Fyzabad .	624	517	7·0	332·7 5·80	Admitted . 172 Died . 3+3	2 2	13 ...	61 1	6 ...	1 ...	... ...	1 ...	1 ...	8 ...	1 ...	78 ...
22	3rd Bengal Infantry, Cawnpore, with detachment of 149 men at Fatehgarh, Brahmins . . .	February 1893, from Fort William . . .	1,068	914	25·0	472·6 12·04	Admitted . 432 Died . 11+4	4 3	20 ...	142 3	17 ...	... ...	5 1	3 ...	10 1	16 ...	11 1	204 2
23	8th Bengal Cavalry, Allahabad, with detachment of 82 men at Alipore, and Ballygunge, Hindus and Mussalmans.	January 1893, from Nowgong .	623	524	16·3	729·0 7·63	Admitted . 382 Died . 4+2	1 1	28 1	170 ...	4 ...	1 ...	... ...	3 ...	1 1	25 ...	3 ...	146 1
24	Head-quarters, 2nd Bengal Infantry, Allahabad, Rajputs . . .	December 1890, from Dinapore .	782	677	24·9	920·2 2·95	Admitted . 623 Died . 2+3	1 1	97 ...	184 1	23 ...	... ...	... ...	15 ...	1 ...	38 ...	19 ...	245 ...
25	2nd Bengal Lancers, Bareilly, Hindus and Mussalmans .	February 1893, from Allahabad .	624	510	13·2	566·7 ...	Admitted . 289 Died . 0+1	... ...	23 ...	48 ...	3 ...	... ...	... ...	6 ...	1 ...	16 ...	... ...	192 ...
26	11th Bengal Infantry, Bareilly, Rajputs and other Hindus .	November 1890, from Fyzabad .	911	752	15·9	454·8 3·99	Admitted . 342 Died . 3+2	... ...	34 1	99 ...	12 ...	... ...	5 ...	2 ...	1 ...	28 ...	3 ...	158 2
27	Governor General's Body Guard, Dehra Dun, with detachment of 9 men at Simla, Hindus and Mussalmans .	Local . . .	119	104	3·7	2,173·1 9·62	Admitted . 226 Died . 1+0	... ...	9 ...	116 ...	6 ...	... ...	... ...	... ...	1 1	12 ...	3 ...	79 ...
28	No. 7 Bengal Mountain Battery, Dehra Dun, Sikhs and Punjabi Mussalmans	March 1894, from Dera Ismail Khan	247	215	8·4	1,148·8 4·65	Admitted . 247 Died . 1+1	... ...	14 1	93 ...	6 ...	1 ...	... ...	4 ...	4 ...	12 ...	1 ...	112 ...
29	1—2nd Gurkha Rifles, Dehra Dun, Gurkhas .	Local . . .	914	838	20·1	680·2 13·13	Admitted . 570 Died . 11+1	... ...	7 ...	189 ...	53 ...	2 1	14 8	24 1	2 ...	20 ...	1 ...	258 1
30	2—2nd Gurkha Rifles, Dehra Dun, Gurkhas .	„ . . .	915	805	18·9	572·7 13·66	Admitted . 461 Died . 11+0	... ...	8 ...	146 2	61 ...	... ...	9 5	5 1	2 ...	24 ...	1 ...	205 3
31	Bengal Sappers and Miners, Roorkee, with detachment of 203 men at Peshawar, Rawalpindi and Ghora Dhaka, Hindus and Mussalmans.	„ . . .	1,258	1,072	18·8	491·6 7·46	Admitted . 527 Died . 8+4	... ..	16 ...	260 3	19 ...	1 ...	2 ...	3 ...	8 3	15 ...	2 ...	201 2
32	6th Bengal Cavalry, Meerut, Hindus and Mussalmans . .	April 1890 from Loralai . .	621	481	7·9	442·8 6·24	Admitted . 213 Died . 3+2	... ...	4 ...	86 ...	5 ...	... ...	... ...	2 ...	4 1	7 ...	1 ...	104 2
33	29th Punjab Infantry, Meerut, Hindus and Mussalmans . .	September 1892, from Jhelum .	905	775	19·2	767·7 6·45	Admitted . 595 Died . 5+2	... ...	21 2	247 ...	6 ...	... ...	... ...	5 ...	8 1	15 ...	7 ...	286 2
34	36th Sikh Infantry, Delhi, Sikhs	December 1891, from Shillong .	887	760	33·5	1,257·9 28·95	Admitted . 956 Died . 22+4	... ...	104 ...	468 3	20 1	1 ...	... ...	16 1	36 14	16 1	17 1	278 1
35	17th Bengal Cavalry, Umballa, Mussalmans .	January 1894, from Loralai . .	621	527	10·7	612·9 9·49	Admitted . 323 Died . 5+3	... ...	11 ...	118 ...	16 ...	... ...	2 1	3 ...	4 2	11 ...	1 ...	157 2
36	14th Bengal Lancers, Jullundur, Jâts . . .	January 1892, from Sialkot . .	620	492	9·2	577·2 6·10	Admitted . 284 Died . 3+2	... ...	8 1	143 ...	12 ...	... ...	... ...	5 ...	1 ...	10 ...	2 ...	103 2

	REGIMENTS, STATIONS, AND RACE CONSTITUTION.	Date of arrival from station previously occupied.	REGIMENTAL STRENGTH.		Average number Constantly sick.	Ratio of admissions and present deaths per 1,000 of average strength present.	Total admissions and deaths from all causes. The deaths are shown as Present + Absent. Total regimental death loss of the year = *Present + Absent × 1,000 ÷ Number borne on the rolls.*	ADMISSIONS AND DEATHS WITH THE REGIMENT.										
			Number borne on the rolls.	Average Strength Present.				Cholera.	Dysentery.	Malarial Fevers.	Venereal Diseases.	Scurvy.	Tubercle.	Anæmia and Debility.	Pneumonia.	Other Respiratory Diseases.	Diarrhœa.	All other causes.
37	27th Punjab Infantry, Jullundur, with detachment of 105 men at Amritsar, Ferozepore, and Ludhiana, Hindus and Mussalmans	February 1891, from Bareilly	892	766	25·4	993·5 11·75	Admitted . 761 Died . 9+5	... ...	39 ...	382 4	18 ...	... ...	1 1	3 ...	5 1	25 2	6 ...	282 1
38	18th Bengal Lancers, Ferozepore, Punjabi Mussalmans and Sikhs	January 1892, from Loralai	623	511	12·1	876·7 1·96	Admitted . 448 Died . 1+2	... ...	19 ...	263 ...	3 ...	... ...	3 ...	1 ...	7 ...	9 ...	6 ...	137 1
39	14th Sikh Infantry, Ferozpore, with detachment of 112 men at Gilgit, Sikhs	January 1894, from Peshawar	879	765	25·1	777·8 18·30	Admitted . 595 Died .14+7	... ...	23 ...	237 5	17 ...	... ...	2 1	13 ...	12 5	36 2	5 ...	250 1
40	24th Punjab Infantry, Ferozepore, with detachment of 90 men at Amritsar, Hindus and Mussalmans	February 1891, from Sialkot	904	779	23·4	1,043·6 15·40	Admitted . 813 Died .12+4	... ...	30 ...	451 5	3 ...	1 ...	... ...	15 ...	11 4	39 ...	1 1	262 2
41	12th Bengal Cavalry, Sialkot, Sikhs and Punjabi Mussalmans	March 1892, from Mooltan	619	494	15·9	915·0 8·10	Admitted . 452 Died . 4+4	... ...	24 ...	112 ...	9 ...	1 ...	... ...	11 ...	9 2	47 ...	4 ...	235 2
42	25th Punjab Infantry, Sialkot, Hindus and Mussalmans	February 1892, from Rawalpindi	906	746	13·3	486·6 4·02	Admitted . 363 Died . 3+6	... ...	28 ...	150 ...	14 ...	1 ...	1 ...	2 ...	9 2	15 ...	2 ...	141 1
43	38th Dogras, Sialkot, Dogras	Raised in February 1891	755	640	9·4	464·1 4·69	Admitted . 297 Died . 3+4	... ...	8 ...	161 ...	14 ...	... ...	4 ...	8 ...	7 ...	27 1	2 ...	66 2
44	19th Bengal Lancers, Meean Meer, Hindus and Mussalmans	October 1893, from Jhelum	623	519	9·7	610·8 13·49	Admitted . 317 Died . 7+4	... ...	9 ...	151 3	9 1	4 ...	1 ...	10 ...	5 2	14 1	1 ...	113 ...
45	20th Punjab Infantry, Meean Meer, with detachment of 53 men at Amritsar, Hindus and Mussalmans	January 1891, from Rawalpindi	746	605	28·6	1,502·5 21·49	Admitted . 909 Died .13+5	... ...	22 ...	394 3	34 ...	5 ...	3 2	15 ...	25 6	53 ...	9 ...	349 2
46	34th Punjab Pioneers, Meean Meer, with detachment of 186 men at Kohat and Camp Malana, Sikhs	January 1892, from Fort Sandeman	879	783	17·2	754·8 10·22	Admitted . 591 Died . 8+7	... ...	29 ...	243 3	29 ...	6 ...	... ...	6 ...	11 3	44 ...	3 ...	220 2
47	10th Bengal Lancers, Jhelum, Hindus and Musalmans	November 1893, from Umballa	619	523	16·6	896·7 5·74	Admitted . 469 Died . 3+4	... ...	36 ...	236 1	19 ...	1 ...	... ...	8 ...	5 1	34 ...	2 ...	128 1
48	26th Punjab Infantry, Jhelum, Hindus and Musalmans	February 1893, from Peshawar	950	798	30·6	1,015·0 15·04	Admitted . 810 Died .12+4	... ...	22 ...	347 1	26 ...	5 ...	1 ...	12 ...	14 6	51 2	4 ...	328 3
49	9th Bengal Lancers, Rawalpindi, Hindus and Mussalmans	December 1893, from Peshawar	623	511	20·5	994·1 13·70	Admitted . 508 Died . 7+0	... ...	36 ...	200 1	27 1	... ...	... ...	10 ...	10 2	33 1	3 ...	189 2
50	30th Punjab Infantry, Rawalpindi, Hindus and Musalmans	March 1892, from Mooltan	895	761	18·1	571·6 6·57	Admitted . 435 Died . 5+6	1 ...	6 ...	227 1	24 ...	... ...	2 ...	10 ...	10 4	17 ...	1 ...	137 ...
51	33rd Punjab Infantry, Rawalpindi, Punjabi Mussalmans	November 1891, from Jhelum	793	656	13·5	527·4 16·77	Admitted . 346 Died .11+6	... ...	16 ...	162 5	2 ...	3 ...	... ...	7 ...	5 3	8 1	3 ...	140 2
52	Drivers No. 3 Mountain Battery, R. A., Rawalpindi, Sikhs and Punjabi Mussalmans	November 1893, from Baragully	146	132	4·0	931·8 7·58	Admitted . 123 Died . 1+0	... ...	6 ...	29 1	4 ...	... ...	... ...	1 ...	... ...	5 ...	1 ...	77 ...
53	Drivers No. 8, Mountain Battery, R. A., Rawalpindi, Mussalmans and Hindus	November 1893, from Kalabagh	147	126	5·3	873·0 7·94	Admitted . 110 Died . 1+0	... ...	3 ...	21 ...	14 ..	... ...	... ...	... ...	3 ...	10 ...	... ...	59 1

TABLE XXIX—continued.

	REGIMENTS, STATIONS, AND RACE CONSTITUTION.	Date of arrival from station previously occupied.	REGIMENTAL STRENGTH.		Average number Constantly sick.	Ratio of admissions and present deaths per 1,000 of average strength present.	Total admissions and deaths from all causes. The deaths are shown as Present + Absent. Total Regimental death loss of the year *Present + Absent* × 1,000 ÷ *Number borne on the rolls.*	ADMISSIONS AND DEATHS WITH THE REGIMENT.										
			Number borne on the rolls.	Average Strength Present.				Cholera.	Dysentery.	Malarial Fevers.	Venereal Diseases.	Scurvy.	Tubercle.	Anæmia and Debility.	Pneumonia.	Other Respiratory Diseases.	Diarrhœa.	All other causes.
54	Drivers No. 9 Mountain Battery, R. A., Rawalpindi, Mussalmans and Hindus	November 1893, from Khyragully	144	132	4·5	1,053·0 ...	Admitted . 139 Died . 0+0	... ...	7 ...	13 ...	8 ...	... ...	... ...	... ...	2 ...	8 ...	... ...	101 ...
55	15th Bengal Lancers, Mooltan, Punjabi Mussalmans and Trans-Indus Pathans	February 1892, from Peshawar	624	524	8·9	475·2 5·73	Admitted . 249 Died . 3+2	... ...	3 ...	119 ...	1 ...	... ...	1 1	5 ...	8 2	27 ...	5 ...	80 ...
56	19th Punjab Infantry, Mooltan, Sikhs and Mussalmans	December 1893, from Fort Sandeman	889	743	14·2	600·3 12·11	Admitted . 446 Died . 9+5	... ...	28 ...	152 1	5 1	9 ...	2 ...	4 ...	13 3	29 1	... ...	204 3
57	11th Bengal Lancers, Nowshera, Hindus and Mussalmans	December 1893, from Rawalpindi	624	516	10·3	552·3 1·94	Admitted . 285 Died . 1+1	... ...	7 ...	98 ...	8 ...	1 ...	1 ..	5 ...	6 1	9 ...	4 ...	146 ...
58	37th Dogras, Nowshera, with detachment of 73 men at Cherat and Chupri, Dogras	December 1891, from Sialkot	908	787	16·3	734·4 6·35	Admitted . 578 Died . 5+8	... ...	37 1	346 2	10 ...	... ...	3 ...	5 ...	21 1	26 ...	2 ...	128 1
59	15th Sikh Infantry, Peshawar, with detachment of 149 men at Gilgit and Fort Jamrud, Sikhs	January 1894, from Ferozepore	900	773	30·8	1,183·7 14·23	Admitted . 915 Died . 11+2	... ...	22 ...	511 1	19 ...	3 ...	2 1	38 1	6 3	47 1	8 ...	259 4
60	13th Bengal Lancers, Peshawar, with detachment of 50 men at Fort Jamrud, Hindus and Mussalmans	December 1893, from Nowshera	607	507	12·1	968·4 23·67	Admitted . 491 Died . 12+0	... ...	15 1	290 2	13 ...	2 ...	1 1	2 ...	17 7	11 1	1 ...	139 ...
61	28th Punjab Infantry, Peshawar, Hindus and Mussalmans	December 1891, from Rawalpindi	889	790	27·4	1,116·5 37·97	Admitted . 882 Died . 30+8	... ...	36 ...	500 13	29 ...	... ...	... ...	14 ...	23 9	51 3	2 1	227 4
62	31st Punjab Infantry, Peshawar, with detachment of 89 men at Fort Jamrud, Hindus and Mussalmans	April 1893, from Meerut	889	759	23·1	919·6 18·45	Admitted . 698 Died . 14+3	... ...	31 ...	418 2	20 ...	2 ...	1 ...	11 ...	32 5	28 ...	1 ...	154 7
63	No. 8 Bengal Mountain Battery, Dera Ismail Khan, Hindus and Mussalmans	February 1894, from Dehra Dun	201	161	15·1	2,968·9 12·42	Admitted . 478 Died . 2+2	... ...	17 ...	179 ...	7 ...	3 ...	... ...	10 ...	3 2	16 ...	3 ...	240 ...
64	23rd Pioneers, Gilgit, with Depôt of 117 men at Jhelum, Sikhs	October 1893, from Jhelum	899	803	25·2	640·1 11·21	Admitted . 514 Died . 9+1	... ...	19 1	187 2	20 ...	72 2	1 ...	21 1	3 1	14 1	2 ...	175 1
65	32nd Pioneers, Gilgit, Sikhs	July 1894, from Umballa	897	837	20·8	487·5 10·75	Admitted . 408 Died . 9+2	... ...	42 2	62 ...	47 1	... ...	2 1	6 ...	6 2	27 ...	5 1	211 2
66	17th Bengal Infantry, Agra, Mussalmans	February 1893, from Alipore	899	783	15·3	445·7 3·83	Admitted . 349 Died . 3+2	... ...	5 ...	95 ...	22 ...	... ...	... ...	1 ...	2 ...	12 ...	5 ...	207 3
67	45th Rattray's Sikhs, Jhansi, Sikhs	February 1891, from Rawalpindi	893	776	30·0	1,439·4 2·58	Admitted . 1,117 Died . 2+1	... ...	24 ...	728 ...	28 ...	... ...	2 ...	9 ...	3 ...	24 ...	13 ...	286 2
68	5th Bengal Cavalry, Nowgong, Hindus and Mussalmans	February 1893, from Lucknow	625	523	18·8	1,024·9 7·65	Admitted . 536 Died . 4+0	... ...	26 1	171 ...	32 ...	... ...	... ...	5 ...	3 1	24 ...	3 ...	272 2
69	35th Sikh Infantry, Nowgong, Sikhs	March 1891, from Ferozepore	902	792	23·4	798·0 2·53	Admitted . 632 Died . 2+1	... ...	20 ...	225 1	17 ...	... ...	... ...	14 ...	3 ...	11 ...	1 ...	341 1
70	1st Bengal Infantry, Jubbulpore, Hindus	March 1891, from Nowgong	929	788	32·0	878·2 5·08	Admitted . 692 Died . 4+4	... ...	32 ...	416 2	19 ...	... ...	... ...	... ...	1 ...	9 ...	... ...	215 2
71	1st Bengal Cavalry, Saugor, with detachment of 117 men at Jubbulpore, Sutna, and Meerut, Mussalmans	February 1889, from Peshawar	624	538	14·9	773·2 3·72	Admitted . 416 Died . 2+0	... ...	14 ...	238 1	19 ...	... ...	... ...	14 ...	1 ...	8 ...	1 ...	121 1

	REGIMENTS, STATIONS, AND RACE CONSTITUTION.	Date of arrival from station previously occupied.	REGIMENTAL STRENGTH.		Average number Constantly sick.	Ratio of admissions and present deaths per 1,000 of average strength present.	Total admissions and deaths from all causes. The deaths are shown as Present + Absent. Total Regimental death loss of the year = *Present + Absent × 1,000 ÷ Number borne on the rolls.*	ADMISSIONS AND DEATHS WITH THE REGIMENT.										
			Number borne on the rolls.	Average Strength Present.				Cholera.	Dysentery.	Malarial Fevers.	Venereal Diseases.	Scurvy.	Tubercle.	Anæmia and Debility.	Pneumonia.	Other Respiratory Diseases.	Diarrhœa.	All other causes.
72	8th Bengal Infantry, Saugor, with detachment of 126 men at Gantak, Rajputs and other Hindus	February 1893, from Barrackpore	898	795	21·7	1,007·5 6·29	Admitted . 801 Died . 5+7	... ...	44 ...	424 1	28 ...	... ...	1 ...	3 ...	6 3	18 ...	4 ...	273 1
73	Drivers, No. 6 Mountain Battery, Royal Artillery, Darjeeling, Punjabi Mussalmans and Sikhs	January 1891, from Kalabagh	144	130	4·7	900·0 ...	Admitted . 117 Died . 0+0	... ...	21 ...	17 ...	17 ...	1 ...	... ...	2 ...	... ...	11 ...	1 ...	47 ...
74	1-3rd Gurkha Rifles, Almora, with detachment of 68 men at Ranikhet and Naini Tal, Gurkhas.	Local	893	791	18·4	591·7 8·85	Admitted . 468 Died . 7+0	... ...	11 ...	212 4	12 ...	... ...	1 ...	6 ...	7 ...	10 1	1 ...	208 2
75	39th Garhwalis, Lansdowne, Garhwalis	March 1893, from Fort White	841	753	28·8	1,262·9 1·33	Admitted . 951 Died . 1+2	... ...	17 ...	296 ...	65 ...	... ...	3 ...	10 ...	10 1	71 ...	7 ...	472 ...
76	2-3rd Gurkha Rifles, Lansdowne, Gurkhas.	December 1892, from Almora	893	803	19·4	845·6 6·23	Admitted . 679 Died . 5+3	... ...	20 ...	352 1	7 ...	... ...	4 3	11 ...	... ...	20 ...	19 ...	246 1
77	Drivers, No. 1 Mountain Battery, Royal Artillery, Jutogh, Hindus and Mussalmans	March 1892, from Baragully	149	129	2·1	565·9 7·75	Admitted . 73 Died . 1+0	... ...	7 ...	21 ...	3 ...	... ...	... ...	... ...	4 1	4 ...	2 ...	32 ...
78	Drivers, No. 2 Mountain Battery, Royal Artillery, Jutogh, Hindus and Mussalmans.	April 1892, from Mandalay	148	132	3·7	825·7 7·58	Admitted . 109 Died . 1+0	... ...	11 ...	18 ...	25 ...	1 ...	... ...	... ...	1 ...	6 1	2 ...	45 ...
79	1-1st Gurkha Rifles, Dharmsala, Gurkhas	Local	753	679	19·2	817·4 16·20	Admitted . 555 Died . 11+3	... ...	13 1	202 4	50 ...	... ...	7 1	6 ...	3 ...	25 5	9 ...	240 ...
80	2-1st Gurkha Rifles, Dharmsala, Gurkhas	,,	910	808	28·8	918·3 4·95	Admitted . 742 Died . 4+4	... ...	18 ...	163 ...	98 ...	1 ...	10 1	10 ...	3 ...	12 ...	8 ...	419 3
81	1-4th Gurkha Rifles, Bakloh, Gurkhas.	,,	915	790	16·4	694·9 6·33	Admitted . 549 Died . 5+2	... ...	12 1	252 ...	32 ...	1 ...	2 2	... ...	3 ...	18 ...	2 ...	227 2
82	2-4th Gurkha Rifles, Bakloh, with detachment of 122 men at Simla, Gurkhas.	,,	904	815	19·4	519·0 11·04	Admitted . 423 Died . 9+3	... ...	14 ...	146 3	44 ...	6 ...	3 2	13 ...	... ...	31 ...	6 ...	160 4
83	44th Gurkha Rifles, Shillong, with detachment of 120 men at Udalguri, Gauhati, Sadiya, etc., Gurkhas.	April 1889, from Burma.	851	752	44·2	1425·5 17·29	Admitted . 1,072 Died . 13+5	... ...	46 ...	382 ...	102 ...	3 ...	2 2	21 ...	2 1	43 ...	14 ...	457 10
84	16th Bengal Cavalry, Loralai, with detachment of 189 men at Gumbaz, on escort duty with Boundary Commission, etc., Hindus.	December 1893, from Meean Meer.	617	521	22·5	1,053·7 17·27	Admitted . 549 Died . 9+8	... ...	59 ...	294 1	5 ...	5 ...	1 ...	16 1	12 4	21 ...	16 1	120 2
85	22nd Punjab Infantry, Fort Sandeman, with detachment of 156 men at Mir Alikhel, Mogulkot, etc., Sikhs and Mussalmans.	December 1893, from Mooltan.	865	781	31·8	1,606·9 33·29	Admitted . 1,255 Died . 26+2	... ...	87 ...	677 5	1 ...	21 ...	... ...	21 ...	21 10	86 ...	12 ...	329 11
86	40th Pathans, Quetta, Trans-Indus Pathans.	November 1893, from Chaman.	863	773	17·4	705·0 11·64	Admitted . 545 Died . 9+0	... ...	27 ...	277 1	22 ...	11 ...	... ...	19 ...	17 5	11 1	... ...	161 2
87	Drivers, No. 5 Mountain Battery, R. A., Quetta, Hindus and Mussalmans.	November 1891, from Jutogh.	148	135	9·5	1,903·7 14·81	Admitted . 257 Died . 2+1	... ...	9 ...	142 ...	8 ...	... ...	... ...	... ...	1 ...	9 ...	3 ...	85 2

	Regiments, Stations, and Race Constitution.	Date of arrival from station previously occupied.	Regimental Strength.				Total admissions and deaths from all causes. The deaths are shown as Present + Absent. Total Regimental death loss of the year = *Present + Absent × 1,000 ÷ Number borne on the rolls.*	Admissions and Deaths with the Regiment.												
			Number borne on the rolls.	Average Strength Present.	Average number Constantly sick.	Ratio of admissions and present deaths per 1,000 of average strength present.		Cholera.	Dysentery.	Malarial Fevers.	Venereal Diseases.	Scurvy.	Tubercle.	Anæmia and Debility.	Pneumonia.	Other Respiratory Diseases.	Diarrhœa.	All other causes.
88	21st Punjab Infantry, Kuriam, with detachment of 224 men at Agra, Kohat and Sultankot, etc., Hindus and Mussalmans.	December 1893, from Kohat.	839	790	16·8	464·6 5·06	Admitted . 367 Died . . 4+3	... ...	21 ...	100 1	10 ...	3 ...	1 ...	15 ...	4 2	34 1	11 ...	168 ...
89	Corps of Guides, Murdan, Hindus and Mussalmans.	Local . . .	1,352	1,116	24·4	733·9 15·23	Admitted . 819 Died . . 17+8	... ...	36 ...	365 6	21 ...	... ...	2 ...	12 ...	34 11	59 ...	5 ...	285 ...
90	No. 2 Derajat Mountain Battery, Kohat, with detachment of 56 men at camps Malana and Kuchi, Sikhs and Punjabi Mussalmans.	February 1894, from Loralai.	247	212	11·6	2,198·1 18·87	Admitted . 466 Died . . 4+2	... ...	17 ...	263 1	3 ...	2 ...	... ...	7 ...	9 3	9 ...	5 ...	151 ...
91	Punjab Garrison Battery, Kohat, Sikhs and Punjabi Mussalmans.	Local . . .	71	59	2·7	1,203·4 50·85	Amditted . 71 Died . . 3+0	... ...	3 ...	36 ...	... ...	1 ...	... ...	... ...	4 2	2 ...	... ...	25 1
92	3rd Punjab Cavalry, Kohat, with Wing of 113 men at Edwardesabad, and detachment of 80 men at Bahadurkhel, Janikhel, and Jandola, Hindus and Mussalmans.	December 1893, from Edwardesabad.	624	466	19·9	1,435·6 12·88	Admitted . 669 Died . . 6+2	... ...	44 ...	337 1	4 ...	5 ...	... ...	13 1	14 3	46 ...	2 ...	204 1
93	4th Sikh Infantry, Kohat, with detachment of 92 men at Thall, Fort Dar, and Fort Gulistan, Hindus and Mussalmans.	May 1894, from Fort Mastaon (Samana).	898	758	32·7	1,438·0 14·51	Admitted . 1,090 Died . 11+7	... ...	35 ...	686 ...	13 ...	3 1	... ...	10 ...	36 6	58 1	2 ...	247 3
94	6th Punjab Infantry, Kohat, Hindus and Mussalmans.	December 1893, from Kurram.	890	743	37·7	1,572·0 13·46	Admitted . 1,168 Died . . 10+3	1 1	38 ...	710 2	23 ...	... ...	1 ...	8 ...	29 4	109 1	4 ...	245 2
95	No. 1 Kohat Mountain Battery, Edwardesabad, Punjabi Mussalmans and Sikhs.	February 1894, from Abbottabad.	240	202	8·3	2,262·4 ...	Admitted, . 457 Died . . 0+3	... ...	5 ...	322 ...	7 ...	... ...	... ...	3 ...	1 ...	7 ...	2 ...	110 ...
96	1st Sikh Infantry Edwardesabad, with detachment of 136 men at Jandola and Janikhel, Hindus and Mussalmans.	December 1893, from Dera Ghazi Khan.	833	737	31·6	1,557·7 25·78	Admitted 1,148 Died . . 19+7	... ...	85 ...	709 7	6 ...	3 ...	1 1	25 ...	27 10	61 ...	5 ...	226 1
97	2nd Punjab Infantry, Edwardesabad, with detachment of 78 men at Jandola and Fort Janikhel, Hindus and Mussalmans .	February 1894 from Kohat ,	867	741	29·8	1,713·9 9·45	Admitted . 1,270 Died . . 7+3	... ...	20 ...	655 1	9 ...	4 ...	3 ...	22 ...	29 6	95 ...	15 ...	418 ...
98	No. 3 Peshawar Mountain Battery, Dera Ismail Khan, Hindus and Mussalmans.	March 1894, from Kohat . .	201	176	9·7	1,551·1 5·68	Admitted . 273 Died . . 1+1	... ...	4 ...	98 ...	7 ...	... ...	... ...	1 ...	5 ...	16 ...	1 ...	141 1
99	1st Punjab Cavalry, Dera Ismail Khan, with detachment of 186 men at Draband, Jutta, etc., and Khajuri Kuch, Hindus and Mussalmans . .	November 1892, from Dera Ghazi Khan . .	618	471	12·0	762·2 4·25	Admitted . 359 Died . . 2+2	... ...	25 ...	148 ...	8 ...	3 ...	... ...	13 ...	12 1	14 ...	3 ...	133 1
100	Wing, 2nd Sikh Infantry, Dera Ismail Khan, Sikhs and Dogras .	November 1894, from Dera Ghazi Khan . .	31	30	0·6	1,233·3 33·33	Admitted . 37 Died . . 1+0	... ...	4 ...	11 ...	2 ...	1 ...	... ...	... ...	6 1	4 ...	... ...	9 ...

TABLE XXIX—continued.

	REGIMENTS, STATIONS, AND RACE CONSTITUTION.	Date of arrival from station previously occupied.	REGIMENTAL STRENGTH.		Average number Constantly sick.	Ratio of admissions and present deaths per 1,000 of average strength present.	Total admissions and deaths from all causes. The deaths are shown as Present + Absent. Total Regimental death loss of the year. = *Present + Absent × 1,000 ÷ Number borne on the rolls.*	ADMISSIONS AND DEATHS WITH THE REGIMENT.										
			Number borne on the rolls.	Average Strength Present.				Cholera.	Dysentery.	Malarial Fevers.	Venereal Diseases.	Scurvy.	Tubercle.	Anæmia and Debility.	Pneumonia.	Other Respiratory Diseases.	Diarrhœa.	All other causes.
	3rd Sikh Infantry, Dera Ismail Khan, with detachment of 213 men at Khajuri Kuch, Jutta, and Manghi, Hindus and Mussalmans . . .	November 1892, from Kohat .	711	608	32·1	1,603·6 11·51	Admitted . 975 Died . 7+0	... ...	54 ...	408 3	5 ...	1 ...	1 ...	11 ...	12 2	33 ...	10 ...	440 2
2	4th Punjab Infantry, Dera Ismail Khan, with detachment of 254 men at Khajuri Kuch, Jandola, Tonk, and Jutta, etc., Hindus and Mussalmans .	January 1894, from Edwardesabad .	820	709	29·4	1,276·4 12·69	Admitted . 905 Died . 9+7	... ...	75 ...	353 1	9 ...	2 ...	3 1	10 ...	17 5	65 1	10 ...	361
3	2nd Punjab Cavalry, Dera Ghazi Khan, Hindus and Mussalmans	September 1892, from Rajanpur .	608	471	14·9	1,099·8 10·62	Admitted . 518 Died . 5+2	... ...	21 ...	209 1	5 ...	... ...	1 ...	5 ...	3 ...	28 1	4 ...	242 3
4	2nd Sikh Infantry, Dera Ghazi Khan, with detachment of 215 men at Dera Ismail Khan, Drug and Kot Mahomed Khan, Hindus and Mussalmans . .	November 1893, from Edwardesabad . . .	888	760	23·4	1,565·8 5·26	Admitted . 1,190 Died . 4+9	... ...	51 ...	703 ...	18 ...	4 ...	2 ...	11 ...	22 4	39 ...	13 ...	327 ...
5	5th Punjab Cavalry, Rajanpur, with detachment of 51 men at Kot Mahomed Khan, Hindus and Mussalmans.	February 1894, from Kohat .	620	474	15·4	1,403·0 12·66	Admitted . 665 Died . 6+7	... ...	21 ...	274 1	3 ...	3 ...	... ...	10 ...	16 2	39 2	5 ...	294 1
6	No. 4 Hazara Mountain Battery, Abbottabad, Punjabi Mussalmans and Sikhs.	December 1893, from Edwardesabad . . .	221	180	12·6	2,122·2 16·67	Admitted . 382 Died . 3+1	... ...	19 ...	158 ...	4 ...	11 ...	... ...	20 ...	9 2	15 ...	... ...	146 1
7	1st Punjab Infantry, Abbottabad, Mussalmans and Hindus . .	May 1893, from Kohat . .	904	760	33·2	1,215·8 13·16	Admitted . 924 Died 10+8	... ...	26 ...	584 ...	8 ...	1 ...	6 3	7 ...	37 6	45 ...	5 ...	205 1
08	1-5th Gurkha Rifles, Abbottabad, Gurkhas .	Local . . .	887	777	44·5	1,321·8 5·15	Admitted . 1,027 Died . 4+7	... ...	12 ...	675 1	26 ...	... ...	1 ...	9 ...	10 1	36 ...	6 ...	252 2
09	2-5th Gurkha Rifles, Abbottabad, Gurkhas .	,, . . .	907	797	43·6	1,363·5 17·57	Admitted . 1,007 Died . 14+4	... ...	15 1	747 7	25 ...	... ...	5 4	18 1	7 ...	19 ...	12 ...	159 1
10	5th Punjab Infantry, Samana Posts, with detachment of 259 men at Kohat, Thull, Fort Dar, and Gulistan, Hindus and Mussalmans . .	April 1894, from Dera Ismail Khan	892	747	36·0	1,575·6 28·11	Admitted . 1,177 Died . 21+8	... ...	62 1	406 4	9 ...	13 ...	1 ...	24 ...	45 9	176 4	25 ...	416 3
111	2nd Central India Horse, Agar, Hindus and Mussalmans . .	February 1892, from Goona .	624	498	7·7	526·1 8·03	Admitted . 262 Died . 4+4	1 1	6 ...	102 1	8 ...	... ...	... ...	1 ...	1 ...	2 2	1 ...	140 ...
112	1st Central India Horse, Goona, Hindus and Mussalmans .	January 1892, from Agar . . .	621	494	11·8	753·0 6·07	Admitted . 372 Died . 3+0	... ...	8 ...	216 2	8 ...	... ...	... ...	14 ...	3 1	10 ...	1 ...	112 ...
113	Malwa Bhil Corps, Sirdarpore, with detachment of 160 men at Burwani and Ali Rajpur, etc., Hindus . . .	Local	577	539	11·2	684·6 7·42	Admitted . 369 Died . 4+2	... ...	2 ...	116 ...	5 ...	... ...	... ...	... ...	11 2	35 1	8 ...	192 1
114	Meywar Bhil Corps, Kherwara, with detachment of 214 men at Kotra and Odeypore, Bhils . .	,, ...	711	615	17·2	723·6 11·38	Admitted . 445 Died . 7+0	... ...	8 ...	148 2	5 ...	... ...	... ...	2 1	13 1	47 1	1 ...	221 2
115	Erinpura Irregular Force, Erinpura, with detachment of 135 men at Abu, Bikanir etc., Hindus and Mussalmans . .	,, ...	870	751	15·8	826·9 9·32	Admitted . 621 Died . 7+4	... ...	15 ...	342 1	4 ...	... ...	... ...	11 ...	14 1	12 2	26 ...	197 3

	REGIMENTS, STATIONS AND RACE CONSTITUTION.	Date of arrival from station previously occupied.	REGIMENTAL STRENGTH.		Average number Constantly sick.	Ratio of admissions and present deaths per 1,000 of average strength present.	Total admissions and deaths from all causes. The deaths are shown as Present + Absent. Total Regimental death-loss of the year = *Present + Absent × 1,000 ÷ Number borne on the rolls.*	ADMISSIONS AND DEATHS WITH THE REGIMENT.										
			Number borne on the rolls.	Average Strength Present.				Cholera.	Dysentery.	Malarial Fevers.	Venereal Diseases.	Scurvy.	Tubercle.	Anæmia and Debility.	Pneumonia.	Other Respiratory Diseases.	Diarrhœa.	All other causes.
116	Deoli Irregular Force, Deoli, with detachment of 99 men at Jeypore, Kotra, etc., Hindus	Local	868	770	10·6	583·1 3·90	Admitted . 449 Died . 3+0	... ...	3 ...	172 1	10 ...	... ...	... ...	12 ...	6 2	15 ...	1 ...	230 ...
117	Merwara Battalion, Ajmere, with detachment of 68 men at Beawar and Sambhar, Merwaris	"	708	636	10·3	539·3 3·14	Admitted . 343 Died . 2+2	... ...	3 ...	102 ...	13 ...	1 ...	1 1	... ...	3 ...	22 ...	1 ...	197 1
118	Bhopal Battalion, Sehore, with detachment of 65 men at Indore, Hindus and Mussalmans	"	915	790	15·1	792·4 7·59	Admitted . 626 Died . 6+2	... ...	10 1	276 1	16 ...	... ...	... ...	18 ...	3 1	24 ...	2 ...	277 3
119	14th Madras Infantry, Moulmein, with detachment of 53 men at Fort Stedman, Hindus and Mussalmans	December 1892, from Bellary	824	741	35·4	771·9 6·75	Admitted . 572 Died . 5+11	... ..	48 1	98 1	68 ...	... ...	... ...	69 ...	3 ...	23 1	1 ...	262 2
120	17th Madras Infantry, Rangoon, Hindus and Mussalmans	November 1893, from Quilon	798	771	24·2	930·0 12·97	Admitted . 717 Died . 10+3	... ...	89 1	138 ...	30 ...	... ...	... ...	77 1	10 1	19 ...	5 ...	349 7
121	26th Madras Infantry, Rangoon, with detachment of 288 men at Port Blair and Secunderabad, Hindus and Mussalmans	January 1893, from Secunderabad	787	754	19·0	660·5 10·61	Admitted . 498 Died . 8+3	... ...	19 ...	107 ...	43 ...	... ...	... ...	58 4	6 1	23 ...	4 ...	238 3
122	4th Burma Battalion (32nd Madras Infantry), Fort Stedman, with detachment of 241 men at Bampon, Loikaw, and Keintung, etc., Sikhs and Punjabi Mussalmans	March 1893, from Meiktila	826	708	28·8	1,043·8 16·95	Admitted . 739 Died . 12+11	... ..	50 1	310 ...	17 ...	1 ...	... ...	99 3	4 2	31 ...	12 1	215 5
123	7th Burma Battalion (29th Madras Infantry), Meiktila, Hindus and Punjabi Mussalmans	Raised in October 1893	825	711	10·0	378·3 1·41	Admitted . 269 Died . 1+3	... ...	18 ...	53 ...	10 ...	1 ...	1 1	2 ...	1 ...	38 ...	2 ...	143 ...
124	9th Madras Infantry, Thayetmyo, with detachment of 210 men at Mindat-Sikaw, and Vizianagram, Hindus and Mussalmans	February 1893, from Vizianagram	811	720	22·2	520·8 16·67	Admitted . 375 Died . 12+9	... ...	40 2	131 4	9 ...	... ...	1 1	27 1	... ...	19 ...	19 ...	129 4
125	Head-quarters, 6th Burma Battalion (31st Madras Infantry), Haka, Mussalmans and Hindus	February 1894, from Shwebo	460	355	18·2	1,287·3 8·45	Admitted . 457 Died . 3+0	... ...	23 1	177 1	8 ...	... ...	2 ...	21 ...	1 ...	48 ...	5 ...	172 1
126	1st Burma Rifles (10th Madras Infantry), Tiddin, with detachment of 128 men at Fort White, Gurkhas and Dogras	May 1893, from Maymyo	827	714	14·1	479·0 16·81	Admitted . 342 Died . 12+2	1 1	43 1	128 2	19 ...	... ...	1 1	20 1	5 ...	27 3	2 ...	96 3
127	Wing, 6th Burma Battalion (31st Madras Infantry), Falam, Mussalmans and Hindus	May 1893, from Shwebo	349	296	14·2	1,503·4 20·27	Admitted . 445 Died . 6+6	... ...	50 ...	199 2	8 ...	... ...	... ...	19 ...	5 ...	17 ...	18 ...	129 4
128	3rd Madras Infantry, Myingyan, with detachment of 170 men at Kalewa, Kalemyo, and Shwebo, Hindus and Mussalmans	October 1893, from Trichinopoly	795	777	29·4	803·1 33·46	Admitted . 624 Died . 26+2	11 7	71 2	253 4	5 ...	... ...	2 1	19 ...	2 1	31 4	15 ...	215 7

	REGIMENTS, STATIONS, AND RACE CONSTITUTION.	Date of arrival from station previously occupied.	REGIMENTAL STRENGTH.		Average number Constantly sick.	Ratio of admissions and present deaths per 1,000 of average strength present.	Total admissions and deaths from all causes. The deaths are shown as Present + Absent. Total Regimental death loss of the year = *Present + Absent × 1,000 ÷ Number borne on the rolls.*	ADMISSIONS AND DEATHS WITH THE REGIMENT.										
			Number borne on the rolls.	Average Strength Present.				Cholera.	Dysentery.	Malarial Fevers.	Venereal Diseases.	Scurvy.	Tubercle.	Anæmia and Debility.	Pneumonia.	Other Respiratory Diseases.	Diarrhœa.	All other causes.
9	21st Madras Infantry (Pioneers), Myingyan, with detachment of 128 men at Bangalore, Hindus and Mussalmans	May 1894, from Fort Dufferin.	745	696	19·3	600·6 8·62	Admitted . 418 Died . 6+3	1 1	25 ...	115 2	19 ...	... ...	... ...	32 ...	3 1	17 ...	19 ...	187 2
0	2nd Burma Battalion, (12th Madras Infantry), Mandalay, Hindus and Mussalmans .	March 1894, from Haka . .	828	707	22·6	756·7 9·90	Admitted . 535 Died . 7+10	8 5	52 ...	146 1	31 ...	... ...	... ...	40 ...	2 ...	18 1	10 ...	228 ...
1	5th Burma Battalion, (30th Madras Infantry), Fort Dufferin, with detachment of 75 men at Fort White, Hindus and Mussalmans	Raised in February 1892 . .	815	637	22·5	722·1 9·42	Admitted . 460 Died . 6+2	... ...	67 ...	140 ...	24 ...	... ...	... ...	22 1	1 1	31 1	45 2	130 1
2	25th Madras Infantry, Shwebo, with detachment of 104 men at Tigyaing, Thabeitkyin, etc., Hindus and Mussalmans .	March 1894, from Fort Dufferin .	722	630	24·4	692·1 12·70	Admitted . 436 Died . 8+5	... ...	34 3	212 1	25 ...	... ...	... ...	42 1	2 ...	4 ...	16 1	101 2
3	3rd Burma Battalion, (33rd Madras Infanrry), Bhamo, with detachment of 93 men at Nampaung, Hindus and Mussalmans	November 1891, from Fort Stedman . . .	834	709	32·6	1,170·7 15·51	Admitted . 830 Died . 11+6	... ...	51 2	406 2	11 ...	1 ...	... ...	32 2	3 ...	31 1	12 3	283 1
34	Wing, 19th Madras Infantry, Cuttack, Hindus and Mussalmans . .	January 1892, from Mandalay . .	408	370	5·8	378·4 8·11	Admitted . 140 Died . 3+0	... ...	5 ...	26 1	18 ...	... ...	2 ...	9 ...	1 ...	10 ...	1 ...	68 2
35	2nd Madras Infantry, Belgam, Hindus and Mussalmans . .	January 1892, from Toungoo . .	803	761	13·8	339·0 3·94	Admitted . 258 Died . 3+3	... ...	4 ...	72 ...	51 ...	... ...	4 1	19 ...	4 ...	4 ...	1 ...	99 2
36	7th Madras Infantry, Belgam, Mussalmans and Hindus . . .	December 1892, from Mangalore	815	761	17·0	364·0 3·94	Admitted . 277 Died . 3+2	... ...	5 ...	25 ...	50 ...	... ...	... ...	9 ...	1 ...	10 ...	3 ...	174 3
37	1st Madras Lancers, Secunderabad, Mussalmans and Hindus . .	December 1889, from Mangalore	609	544	12·2	487·1 5·51	Admitted . 265 Died . 3+0	5 3	9 ...	56 ...	7 ...	... ...	... ...	4 ...	1 ...	6 ...	... ...	177 ...
38	5th Madras Infantry, Secunderabad, Hindus and Mussalmans .	November 1893, from Rangoon .	769	749	34·0	917·2 ...	Admitted . 687 Died . 0+4	... ...	9 ...	332 ...	24 ...	... ...	... ...	6 ...	8 ...	6 ...	... ...	302 ...
39	15th Madras Infantry, Secunderabad, Mussalmans and Hindus .	April 1890, from Shwebo . .	806	739	41·2	1,714·5 8·12	Admitted . 1,267 Died . 6+2	2 1	33 ...	847 1	16 ...	... ...	... ...	10 ...	4 ...	38 ...	... ...	317 4
40	20th Madras Infantry, Secunderabad, Hindus and Mussalmans .	October 1892, from Toungoo . .	794	781	28·3	962·9 12·80	Admitted . 752 Died . 10+2	... ...	16 ...	336 ...	28 ...	1 ...	... ...	17 1	18 5	15 1	12 ...	309 3
41	22nd Madras Infantry, Secunderabad, Hindus and Mussalmans .	April 1893, from Fort Stedman .	812	757	18·1	742·4 21·14	Admitted . 562 Died . 16+5	1 1	14 1	381 3	11 ...	... ...	... ...	2 ...	16 5	17 1	... ...	120 5
42	13th Madras Infantry, Cannanore, with detachment of 66 men at Augadipuram, Hindus and Mussalmans	December 1892, from Bangalore .	814	744	23·3	743·3 ...	Admitted . 553 Died . 0+0	... ...	83 ...	100 ...	36 ...	... ...	... ...	37 ...	2 ...	13 ...	35 ...	247 ...
43	28th Madras Infantry, Quilon, with detachment of 213 men at Trichoor, Trichinopoly, and Trivandrum, Hindus and Mussalmans.	November, 1893, from Myingyan .	755	701	24·7	710·4 15·69	Admitted . 498 Died . 11+0	... ...	7 ...	24 ...	48 ...	... ...	3 1	16 1	1 ...	8 ...	6 ...	385 9
44	Governor's Body-Guard, Madras, Mussalmans and Hindus.	Local . . .	118	115	4·1	1,173·9 ...	Admitted . 135 Died . 0+0	... ...	5 ...	19 ...	11 ...	... ...	... ...	2 ...	1 ...	... ...	4 ...	93 ...

	REGIMENTS, STATIONS, AND RACE CONSTITUTION.	Date of arrival from station previously occupied.	Regimental Strength.		Average number Constantly sick.	Ratio of admissions and present deaths per 1,000 of average strength present.	Total admission and deaths from all causes. The deaths are shown as Present + Absent. Total Regimental death loss of the year = *Present + Absent × 1,000 ÷ Number borne on the rolls.*	Admissions and Deaths with the Regiment.										
			Number borne on the rolls.	Average Strength Present.				Cholera.	Dysentery.	Malarial Fevers.	Venereal Diseases.	Scurvy.	Tubercle.	Anæmia and Debility.	Pneumonia.	Other Respiratory Diseases.	Diarrhœa.	All other causes.
145	6th Madras Infantry, Madras, Hindus and Mussalmans.	March 1891, from Mandalay.	827	752	8·9	144·9 ...	Admitted . 109 Died . 0+1	... ...	6 ...	15 ...	18 ...	... ...	2 ...	14 ...	2 ...	5 ...	1 ...	46 ...
146	27th Madras Infantry, Madras, with detachment of 275 men at St. Thomas' Mount and Ootacamund, Hindus and Mussalmans.	February 1892, from Berhampur.	830	767	17·7	383·3 5·22	Admitted . 294 Died . 4+2	... ...	15 ...	54 ...	12 1	... ...	... ...	21 ...	2 ...	13 1	4 1	173 1
147	2nd Madras Lancers, Bangalore, Mussalmans and Hindus.	February 1892, from Kamptee.	595	532	16·4	738·7 5·64	Admitted . 393 Died . 3+2	... ...	11 ...	95 ...	29 ...	... ...	... ...	19 ...	2 ...	5 1	... ...	232 2
148	Madras Sappers and Miners, Bangalore, with detachment of 599 men at Secunderabad and several stations in Burma, Hindus and Native Christians.	Local . . .	1,419	1,350	45·8	740·0 11·11	Admitted . 999 Died . 15+2	4 3	72 2	237 1	75 ...	1 ...	... ...	27 ...	16 4	52 ...	21 1	494 4
149	4th Madras Infantry, Bangalore, Hindus and Mussalmans.	January 1890, from Trichinopoly.	817	793	11·1	354·4 2·52	Admitted . 281 Died . 2+2	... ...	13 ...	43 ...	21 ...	... ...	1 1	17 ...	1 ...	4 ...	6 ...	175 1
150	8th Madras Infantry, Bangalore, Hindus and Mussalmans.	April 1891, from Rangoon.	820	774	13·4	315·2 9·04	Admitted . 244 Died . 7+0	... ...	5 ...	92 ...	10 ...	... ...	... ...	... ...	14 1	11 1	... ...	112 5
151	24th Madras Infantry, Bangalore, Mussalmans and Hindus.	January 1893, from Rangoon.	805	783	19·9	578·5 7·66	Admitted . 453 Died . 6+1	... 1	14 1	4 ...	20 ...	... ...	... ...	34 ...	2 2	13 ...	... ...	366 2
152	3rd Madras Lancers, Bellary, Mussalmans and Hindus.	February 1892, from Bangalore.	612	578	10·3	520·8 5·19	Admitted . 301 Died . 3+0	... ...	9 ...	80 ...	47 ...	... ...	... ...	10 ...	8 1	11 ...	2 ...	134 2
153	16th Madras Infantry, Bellary, Hindus and Mussalmans.	October 1893, from Secunderabad.	808	757	17·7	638·0 3·96	Admitted . 483 Died . 3+3	1 ...	14 ...	151 1	38 ...	... ...	... ...	45 ...	7 2	11 ...	... ...	216 ...
154	1st Madras Pioneers, Trichinopoly, Hindus and Mussalmans.	February 1890, from Bangalore.	800	717	14·0	433·8 11·16	Admitted . 311 Died . 8+1	3 1	11 1	68 1	16 ...	... ...	... ...	21 ...	2 1	14 ...	11 ...	165 4
155	23rd Madras Infantry, Trichinopoly, Hindus and Mussalmans.	January 1894, from Meiktila.	763	698	17·0	518·6 7·16	Admitted . 362 Died . 5+7	... ...	8 ...	50 2	41 ...	... ...	... ...	8 ...	2 1	11 1	... ...	242 1
156	11th Madras Infantry, Vizianagram, Hindus and Mussalmans.	January 1893, from Moulmein.	828	787	22·2	534·9 16·52	Admitted . 421 Died 13+5	... ...	10 2	102 2	47 ...	... ...	... ...	22 ...	2 ...	8 1	... ...	230 8
157	19th Madras Infantry, Berhampur, Hindus and Mussalmans.	January 1892, from Mandalay.	411	393	11·2	503·8 12·72	Admitted . 198 Died . 5+1	... ...	4 ...	32 ...	11 ...	... ...	... ...	5 ...	3 ...	6 ...	... ...	137 5
158	5th Bombay Mountain Battery, Bhamo, Hindus and Mussalmans.	November 1892, from Poona.	217	189	13·0	1,666·7 21·16	Admitted . 315 Died . 4+7	... ...	28 ...	71 2	8 ...	... ...	1 ...	27 2	1 ...	23 ...	46 ...	110 ...
159	5th Bombay Cavalry, Jacobabad, Mussalmans and Jâts.	December 1893, from Fort Sandeman.	581	501	22·8	1,137·7 13·97	Admitted . 570 Died . 7+6	... ...	27 ...	256 2	16 ...	4 ...	1 ...	10 ...	2 ...	15 5	2 ...	237 ...
160	2nd Beluch Battalion, (29th Bombay Infantry) Hyderabad, with detachment of 122 men at Jacobabad and Thull, Mussalmans.	December 1890, from Loralai.	812	725	15·2	616·6 4·14	Admitted . 447 Died . 3+1	... ...	13 ...	197 ...	37 ...	1 ...	... ...	9 ...	5 1	19 1	3 ...	163 1
161	3rd Beluch Battalion (30th Bombay Infantry) Kurrachee, Mussalmans.	March 1893, from Loralai.	802	706	27·6	1,752·1 7·08	Admitted . 1,237 Died . 5+10	... ...	25 1	394 2	24 ...	7 ...	... ...	36 ...	... ...	45 1	14 ...	692 1

TABLE XXIX—continued.

	REGIMENTS, STATIONS, AND RACE CONSTITUTION.	Date of arrival from station previously occupied.	REGIMENTAL STRENGTH.		Average number Constantly sick.	Ratio of admissions and present deaths per 1,000 of average strength present.	Total admissions and deaths from all causes. The deaths are shown as Present + Absent. Total Regimental death loss of the year= *Present + Absent × 1,000 ÷ Number borne on the rolls.*	ADMISSIONS AND DEATHS WITH THE REGIMENT.										
			Number borne on the rolls.	Average Strength Present.				Cholera.	Dysentery.	Malarial Fevers.	Venereal Diseases.	Scurvy.	Tubercle.	Anæmia and Debility.	Pneumonia.	Other Respiratory Diseases.	Diarrhœa.	All other causes.
2	17th Bombay Infantry, Bhuj, Hindus and Mussalmans.	December 1891, from Aden.	752	673	24·8	728·1 19·32	Admitted . 490 Died . 13+3	... ...	10 ...	69 1	40 ...	19 1	... ...	8 ...	11 9	15 ...	1 ...	317 2
3	20th Bombay Infantry, Nasirabad, Hindus.	October 1891, from Deesa.	539	491	18·0	1,293·3 4·07	Admitted . 635 Died . 2+1	... ...	22 ...	381 1	20 ...	3 ...	... ...	7 ...	4 1	29 ...	8 ...	161 ...
54	1st Bombay Lancers, Neemuch, with detachment of 100 men at Nasirabad. Hindus and Mussalmans.	November 1891, from Deesa.	622	543	14·2	917·1 1·84	Admitted . 498 Died . 1+4	... ...	15 ...	227 ...	19 ...	... ...	... ...	3 ...	2 ...	11 1	6 ...	215 ...
55	Wing, 20th Bombay Infantry, Neemuch, Hindus.	October 1892, from Nasirabad.	271	243	10·4	1,082·3 4·12	Admitted . 263 Died . 1+0	... ...	3 ...	139 1	9 ...	... ...	... ...	1 ...	1 ...	7 ...	5 ...	98 ...
56	3rd Bombay Infantry, Mhow, Hindus and Mussalmans.	March 1893, from Satara.	773	719	23·8	934·6 2·78	Admitted . 672 Died . 2+2	... ...	14 ...	147 ...	63 ...	5 ...	... ...	5 ...	15 2	116 ...	2 ...	305 ...
57	19th Bombay Infantry, Mhow, with detachment of 188 men at Indore, Hindus.	December 1891, from Nasirabad.	816	758	23·7	746·7 9·23	Admitted . 566 Died . 7+2	... ...	23 1	148 2	48 ...	... ...	2 1	... ...	8 1	17 ...	11 ...	309 2
58	3rd Bombay Lancers, Deesa, with detachment of 124 men at Rajkot, Hindus and Mussalmans.	March 1892, from Poona.	612	556	9·8	818·3 3·60	Admitted . 455 Died . 2+1	... ...	10 ...	231 2	14 ...	... ...	... ...	9 ...	10 ...	8 ...	2 ...	171 ...
59	14th Bombay Infantry, Deesa, Hindus.	January 1892, from Bhuj.	798	702	20·2	990·0 2·85	Admitted . 695 Died . 2+2	... ...	18 ...	280 1	27 ...	1 ...	... ...	2 ...	8 ...	54 1	4 ...	301 ...
70	16th Bombay Infantry, Ahmedabad, with detachment of 97 men at Sadra and Berbera, etc., Hindus.	April 1894, from Aden.	791	713	29·3	2,381·5 16·83	Admitted . 1,698 Died . 12+4	... ...	44 1	790 ...	46 ...	16 1	... ...	16 ...	8 ...	52 ...	19 ...	707 10
71	23rd Bombay Infantry, Rajkot, Hindus and Mussalmans.	March 1892, from Kamptee.	809	722	23·4	1,480·6 6·93	Admitted . 1,069 Died . 5+4	... ...	21 ...	790 4	13 ...	38 ...	1 ...	1 ...	1 ...	11 ...	18 ...	175 1
72	1st Bombay Infantry, Baroda, with detachment of 133 men at Surat, Hindus and Mussalmans.	March 1891, from Ahmednagar.	814	737	24·9	1,147·9 10·85	Admitted . 846 Died . 8+3	2 ...	26 1	486 ...	19 1	5 1	1 1	10 ...	7 ...	43 ...	14 ...	233 4
73	12th Bombay Infantry, Kamptee, with detachment of 94 men at Sitabaldi, Hindus and Mussalmans.	March 1892, from Quetta.	830	751	18·3	868·2 6·66	Admitted . 652 Died . 5+0	... ...	17 ...	314 ...	30 ...	1 ...	... ...	8 ...	7 3	24 1	2 ...	249 1
74	Head-quarters, 7th Bombay Infantry, Raipur, Hindus.	October 1891, from Mhow.	490	452	12·3	794·2 13·27	Admitted . 359 Died . 6+0	... ...	14 ...	192 1	18 ...	... ...	2 ...	4 ...	5 ...	7 2	2 ...	115 3
75	Wing, 7th Bombay Infantry, Sambalpur, Hindus.	December 1891, from Mhow.	423	269	7·7	784·4 7·43	Admitted . 211 Died . 2+2	... ...	18 1	114 ...	5 ...	... ...	1 ...	2 ...	... ...	10 ...	3 ...	58 1
176	8th Bombay Infantry, Ahmednagar, with detachment of 169 men at Malegaon and Yeola, Hindus and Mussalmans.	April 1891, from Quetta.	801	742	14·0	738·5 1·35	Admitted . 548 Died . 1+1	1 1	21 ...	228 ...	32 ...	... ...	1 ...	5 ...	4 ...	18 ...	5 ...	233 ...
177	4th Bombay Cavalry (Poona Horse) Sirur, Mussalmans and Hindus.	Local . . .	608	539	15·2	853·4 11·13	Admitted . 460 Died . 6+2	1 1	22 ...	172 1	13 ...	... ...	... ...	7 ...	... ...	19 ...	5 1	221 3
178	Governor's Body Guard, Poona, Hindus and Mussalmans.	" . . .	69	63	2·0	1,206·3 ...	Admitted . 76 Died . 0+0	... ...	4 ...	35 ...	1 ...	... ...	... ...	1 ...	... ...	3 ...	2 ...	30 ...

	REGIMENTS, STATIONS, AND RACE CONSTITUTION.	Date of arrival from station previously occupied.	REGIMENTAL STRENGTH.		Average number Constantly sick.	Ratio of admissions and present deaths per 1,000 of average strength present.	Total admissions and deaths from all causes. The deaths are shown as Present + Absent. Total Regimental death loss of the year = *Present + Absent × 1,000 ÷ Number borne on the rolls.*	ADMISSIONS AND DEATHS WITH THE REGIMENT.										
			Number borne on the rolls.	Average Strength Present.				Cholera.	Dysentery.	Malarial Fevers.	Venereal Diseases.	Scurvy.	Tubercle.	Anæmia and Debility.	Pneumonia.	Other Respiratory Diseases.	Diarrhœa.	All other causes.
179	2nd Bombay Lancers, Poona, with detachment of 91 men at Bombay, Hindus and Mussalmans.	February 1892, from Neemuch.	604	544	25·7	1,505·5 5·51	Admitted . 819 Died . 3+3	... ...	70 ...	268 ...	15 ...	1 ...	... ...	31 ...	... ...	4 1	16 ...	394 2
180	2nd Bombay Infantry, Poona, with detachment of 77 men at Shelabagh and Kalat, Hindus and Mussalmans.	May 1894, from Quetta.	734	682	21·4	769·8 20·53	Admitted . 525 Died . 14+2	... ...	35 ...	110 2	29 ...	2 ...	1 1	3 ...	16 9	18 1	8 ...	303 1
181	4th Bombay Infantry, Poona, Hindus and Mussalmans.	April 1893, from Quetta.	808	727	20·2	951·9 1·38	Admitted . 692 Died . 1+3	... ...	50 1	269 ...	44 ...	2 ...	... ...	8 ...	15 ...	18 ...	20 ...	266 ...
182	25th Bombay Infantry, Poona, Hindus and Mussalmans.	January 1891, from Neemuch.	802	735	20·2	676·2 5·44	Admitted . 497 Died . 4+1	... ...	27 ...	127 1	22 ...	1 ...	... ...	15 1	4 1	17 ...	10 ...	274 1
183	Bombay Sappers and Miners, Kirkee, Hindus and Mussalmans.	Local . . .	801	757	28·8	1,123·0 10·58	Admitted . 849 Died . 8+4	... ...	51 1	352 2	36 ...	3 ...	1 1	35 ...	4 3	29 ...	14 ...	324 1
184	28th Bombay Infantry, (Pioneers) Kirkee, Hindus and Mussalmans.	April 1894, from Manipur.	824	732	25·7	1,046·4 9·56	Admitted . 766 Died . 7+3	... ...	47 ...	255 4	37 ...	... ...	... ...	44 1	1 ...	80 ...	22 1	280 1
185	10th Bombay Infantry, Satara, Hindus and Mussalmans.	February 1893, from Poona.	816	720	19·6	705·6 23·61	Admitted . 508 Died . 17+2	26 15	10 ...	204 ...	27 ...	2 ...	... ...	2 ...	5 ...	15 ...	... ...	217 2
186	21st Bombay Infantry, Bombay, with detachment of 89 men at Bushire and Muscat, etc., Mussalmans and Hindus.	Local . . .	819	749	19·8	1,100·1 8·01	Admitted . 824 Died . 6+5	2 2	77 ...	289 ...	29 ...	6 ...	... ...	11 ...	5 1	19 1	17 ...	369 2
187	22nd Bombay Infantry, Bombay, with detachment of 134 men at Thana and Ahmedabad, etc., Hindus and Mussalmans.	March 1894, from Ahmedabad.	815	764	24·3	1,260·5 9·16	Admitted . 963 Died . 7+2	3 2	115 1	371 ...	36 ...	3 ...	1 ...	13 ...	8 ...	56 2	27* ...	330 2
188	7th Bombay Lancers, Quetta, with detachment of 62 men at Chaman, Mussalmans and Hindus.	April 1894, from Jacobabad.	603	547	14·4	981·7 20·11	Admitted . 537 Died . 11+0	... ...	37 ...	245 2	12 ...	3 ...	... ...	10 ...	30 5	10 1	1 ...	189 3
189	9th Bombay Infantry, Quetta, Hindus and Mussalmans.	November 1893, from Pishin.	782	739	19·7	824·1 13·53	Admitted . 609 Died . 10+1	... ...	31 ...	303 1	7 ...	2 ...	... ...	41 1	12 4	17 2	7 ...	189 2
190	No. 6 Bombay Mountain Battery, Loralai, with detachment of 61 men at Fort Sandeman, Hindus and Mussalmans.	December 1893, from Poona.	213	187	9·0	1,620·3 42·78	Admitted . 303 Died , 8+1	... ...	9 ...	202 3	4 ...	... ...	... ...	2 ...	10 4	13 ...	2 ...	61 1
191	6th Bombay Cavalry, Fort Sandeman, with detachment of 237 men at Jacobabad, Murgha, etc., Mussalmans and Hindus.	December 1893, from Quetta.	602	552	27·8	2,050·7 16·30	Admitted . 1,132 Died . 9+0	... ...	56 ...	609 2	7 ...	14 ...	1 ...	8 ...	25 5	56 2	23 ...	333 ...
192	5th Bombay Infantry, Shelabagh, with detachment of 310 men at Kalat and Sibi, etc., Hindus and Mussalmans.	April 1894, from Bombay . .	807	750	22·4	962·7 9·33	Admitted . 722 Died . 7+3	... ...	56 ...	355 ...	21 ...	2 ...	... ...	15 1	14 2	40 1	11 ...	208 3
193	24th Bombay Infantry, Chaman, Trans-Indus Pathans, and Punjabi Mussalmans . .	November 1893, from Quetta .	855	733	16·0	813·1 4·09	Admitted . 596 Died . 3+4	... ...	17 ...	320 2	29 ...	4 ...	... ...	9 ...	9 1	4 ...	10 ...	194 ...

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* Including two cases of Epidemic Diarrhœa.

	REGIMENTS, STATIONS, AND RACE CONSTITUTION.	Date of arrival from station previously occupied.	REGIMENTAL STRENGTH.		Average number Constantly sick.	Ratio of admissions and present deaths per 1,000 of average strength present.	Total admissions and deaths from all causes The deaths are shown as Present + Absent. Total Regimental death loss of the year = *Present + Absent × 1,000 ÷ Number borne on the rolls.*		ADMISSIONS AND DEATHS WITH THE REGIMENT.										
			Number borne on the rolls.	Average Strength Present.					Cholera.	Dysentery.	Malarial Fevers.	Venereal Diseases.	Scurvy.	Tubercle.	Anæmia and Debility.	Pneumonia.	Other Respiratory Diseases.	Diarrhœa.	All other causes.
4	26th Bombay Infantry, Pishin, Trans-Indus Pathans	March 1894, from Quetta	855	789	39·6	2,280·1 29·15	Admitted Died	1,799 23+2	... ...	48 1	1,178 10	76 ...	2 ...	2 ...	17 ...	32 9	32 ...	29 ...	383 3
5	1st Beluch Battalion, (27th Bombay Infantry), Loralai, with detachment of 186 men at Murgha and with Boundary Commission, Mussalmans	March 1893, from Kurrachee	803	689	22·5	567·5 14·51	Admitted Died	391 10+3	... ...	14 ...	186 2	8 ...	1 ...	... ...	6 ...	20 6	25 1	5 ...	126 1
6	Aden Troop, Aden, Mussalmans	Local	99	90	4·2	2,855·6 11·11	Admitted Died	257 1+0	... ...	8 ...	141 ...	1 ...	2 ...	... ...	4 ...	1 1	19 ...	2 ...	79 ...
7	13th Bombay Infantry, Aden, with detachment of 135 men at Berbera and Zaila, etc., Hindus and Mussalmans	April 1894, from Poona	820	768	45·8	2,993·5 15·62	Admitted Died	2,299 12+3	... ...	168 6	1,613 3	43 ...	12 ...	... ...	84 1	3 ...	33 1	23 ...	320 1
98	No. 3 Field Battery, H. C., Ellichpur, Mussalmans and Hindus	December 1889, from Aurangabad	108	102	2·4	1,049·0 ...	Admitted Died	107 0+0	... ...	1 ...	71 ...	3 ...	... ...	... ...	4 ...	1 ...	... ...	... ...	27 ...
99	3rd Infantry, H.C., Ellichpur, Hindus and Mussalmans	January 1893, from Hingoli	751	691	19·9	1,086·8 7·24	Admitted Died	751 5+2	1 1	24 ...	422 1	31 1	1 ...	... ...	14 ...	16 2	11 ...	2 ...	229 ...
00	No. 1 Field Battery, H. C., Aurangabad, Hindus and Mussalmans	December 1889, from Ellichpur	106	99	2·5	697·0 ...	Admitted Died	69 0+0	... ...	5 ...	13 ...	2 ...	... ...	... ...	1 ...	1 ...	... ...	... ...	47 ...
01	1st Lancers, H. C., Aurangabad, Hindus and Mussalmans	January 1890, from Hingoli	544	505	11·5	619·8 9·90	Admitted Died	313 5+1	1 1	18 ...	111 1	17 ...	... ...	1 ...	15 ...	... ...	4 ...	2 1	144 2
02	4th Infantry, H. C., Aurangabad, Hindus and Mussalmans	January 1893, from Raichur	828	762	10·2	476·4 6·56	Admitted Died	363 5+4	... ...	7 ...	204 1	6 1	... ...	1 ...	2 ...	2 ...	10 ...	1 ...	130 3
03	6th Infantry, H. C., Jalna, Hindus and Mussalmans	January 1893, from Bolarum	836	762	13·1	661·4 9·19	Admitted Died	504 7+4	3 2	9 ...	324 1	3 ...	... ...	... ...	11 ...	16 1	11 ...	1 ...	126 3
04	No. 4 Field Battery, H. C., Hingoli, Mussalmans and Hindus	January 1890, from Bolarum	109	99	2·7	939·4 10·10	Admitted Died	93 1+0	... ...	3 ...	48 ...	1 ...	... ...	... ...	1 ...	1 1	... ...	... ...	39 ...
205	3rd Lancers, H. C., Hingoli, Mussalmans and Hindus	December 1889, from Bolarum	551	488	16·9	897·5 2·05	Admitted Died	438 1+1	... ...	8 ...	270 ...	11 ...	... ...	... ...	2 ...	3 ...	5 ...	... ...	139 1
206	1st Infantry, H. C., Hingoli, Hindus and Mussalmans	January 1893, from Ellichpur	805	732	14·6	491·8 10·93	Admitted Died	360 8+2	3 2	12 ...	185 3	21 ...	... ...	... ...	1 ...	10 1	4 ...	... ...	124 2
207	2nd Lancers, H C., Mominabad, Mussalmans and Hindus	January 1890, from Aurangabad	543	513	9·6	458·1 3·90	Admitted Died	235 2+0	2 1	5 1	89 ...	4 ...	... ...	... ...	9 ...	1 ...	4 ...	6 ...	115 ...
208	No. 2 Field Battery, H. C., Bolarum, Hindus and Mussalmans	December 1889, from Hingoli	108	101	2·2	425·7 9·90	Admitted Died	43 1+0	1 1	... ...	9 ...	1 ...	1 ...	... ...	... ...	... ...	5 ...	1 ...	25 ...
209	4th Lancers, H. C., Bolarum, Mussalmans and Hindus	November 1889, from Mominabad	541	494	14·3	585·0 ...	Admitted Died	289 0+1	... ...	11 ...	96 ...	16 ...	... ...	... ...	2 ...	... ...	6 ...	2 ...	156 ...
210	2nd Infantry, H.C., Bolarum, Hindus and Mussalmans.	December 1892, from Jalna.	860	795	11·1	361·0 2·52	Admitted Died	287 2+2	... ...	6 ...	92 ...	5 ...	1 ...	1 ...	11 ...	3 ...	10 1	... ...	158 1
211	5th Infantry, H. C., Raichur, Hindus and Mussalmans.	January 1893, from Aurangabad	848	773	13·7	580·9 ...	Admitted Died	449 0+4	... ...	11 ..	133 ...	14 ...	... ...	... ...	7 ...	10 ...	17 ...	2 ...	255 ...

TABLE XXIX—concluded.

	ARMIES.	STRENGTH.		Average number Constantly sick.	Ratio of admissions and present deaths per 1,000 of average strength present.	Total admissions and deaths from all causes. The deaths are shown as Present + Absent. Total Regimental death loss of the year = *Present + Absent* × *1,000* ÷ *Number borne on the rolls.*	ADMISSIONS AND DEATHS WITH THE REGIMENT.											
		Number borne on the rolls.	Average Strength Present.				Cholera.	Dysentery.	Malarial Fevers.	Venereal Diseases.	Scurvy.	Tubercle.	Anæmia and Debility.	Pneumonia.	Other Respiratory Diseases.	Diarrhœa.	All other causes.
1	NATIVE ARMY OF THE BENGAL PRESIDENCY	74,740	64,068	2031·3	929·8 11·00	Admitted . 59,569 Died .705 + 327	35 17	2,909 25	26,997 149	1,911 5	246 4	161 54	960 11	916 220	2,988 43	615 9	21,831 168
2	REGIMENTS OF CENTRAL INDIA AND RAJPUTANA	5,894	5,093	99·7	684·7 7·07	Admitted . 3,487 Died . 36 + 14	1 1	55 1	1,474 8	69 ...	1 ...	1 1	58 1	54 8	167 6	41 ...	1,566 10
3	NATIVE ARMY OF THE MADRAS PRESIDENCY	29,084	26,629	785·0	674·5 9·84	Admitted . 17,960 Died .262 + 121	37 24	1,062 21	5,854 32	1,012 1	5 ...	19 7	953 16	168 29	668 18	292 9	7,890 105
4	NATIVE ARMY OF THE BOMBAY PRESIDENCY	26,692	24,047	797·7	1,158·1 10·60	Admitted . 27,850 Died . 255 + 97	35 21	1,321 15	13,058 54	985 1	162 3	16 4	529 7	313 68	1,071 25	421 2	9,939 55
5	REGIMENTS OF THE HYDERABAD CONTINGENT	7,538	6,916	144·7	621·9 5·35	Admitted . 4,301 Died . 37 + 21	11 8	120 1	2,067 7	135 2	3 ...	3 ...	80 ...	64 5	87 1	17 1	1,714 12
6	NATIVE REGIMENTS OF THE BENGAL PRESIDENCY ON FIELD SERVICE, WAZIRISTAN	...	1,349	39·0	1,037·1 60·04	Admitted . 1,399 Died . 81 + 0	... ...	165 2	373 8	41 ...	10 ...	1 ...	54 3	116 37	106 4	22 ...	511 27
7	NATIVE ARMY OF INDIA	143,948	128,102	3897·4	894·3 10·74	Admitted 114,566 Died 1,376 + 580	119 71	5,632 65	49,823 258	4,153 9	427 7	201 66	2,634 38	1,631 367	5,087 97	1,408 21	43,451 377

XXX.

TABLE showing in DETAIL the CAUSES of ADMISSION and DEATH in the various CORPS of the ARMY of INDIA.

CAUSES OF ADMISSION AND DEATH.	ARMY OF BENGAL. Strength 74,740 Admissions . 59,569 Deaths . 1,032		CORPS OF CENTRAL INDIA AND RAJPUTANA. Strength 5,894 Admissions . 3,487 Deaths . 50		ARMY OF MADRAS. Strength 29,084 Admissions . 17,960 Deaths . 383		ARMY OF BOMBAY. Strength 26,692 Admissions . 27,850 Deaths . 352		HYDERABAD CONTINGENT. Strength 7,538 Admissions . 4,301 Deaths . 58		WAZIRISTAN FIELD FORCE. Strength 1,349 Admissions . 1,399 Deaths . 81		ARMY OF INDIA. Strength 143,948 Admissions . 114,566 Deaths . 1,956	
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Small-pox	11	...	4	1	22	...	22	...	7	...	8	...	74	1
Cow-pox	3	...	...	...	2	...	...	...	...	...	...	...	5	...
Chicken-pox	57	...	4	...	89	...	28	...	16	...	1	...	195	...
Measles	141	...	6	...	12	1	24	1	10	...	...	...	193	2
Scarlet fever	7	1	...	...	4	...	...	...	...	...	...	...	11	1
Dengue	...	...	...	...	...	...	251	2	...	...	...	...	251	2
Influenza	400	12	62	...	131	1	414	8	144	...	...	...	1,151	21
Mumps	632	...	2	...	20	1	274	...	11	...	...	...	939	1
Cerebro-spinal fever	...	...	...	...	1	1	...	...	...	...	...	...	1	1
Simple continued fever	305	2	67	...	497	2	683	1	66	1	5	...	1,623	6
Enteric fever	24	4	...	...	1	...	5	2	...	...	...	...	30	6
Cholera	35	17	1	1	37	24	35	21	11	8	...	...	119	71
Epidemic diarrhœa	...	...	...	...	...	...	2	...	...	...	...	...	2	...
Dysentery	2,909	25	55	1	1,062	21	1,321	15	120	1	165	2	5,632	65
Ague	25,599	20	1,388	1	5,346	9	12,676	16	1,949	2	344	5	47,302	53
Remittent fever	1,124	117	82	7	226	17	351	35	89	5	22	3	1,894	184
Malarial cachexia	274	12	4	...	282	6	31	3	29	...	7	...	627	21
Beri-Beri	...	...	...	...	85	17	2	...	...	...	...	...	87	17
Erysipelas	19	...	2	...	3	...	20	1	1	...	1	...	46	1
Pyæmia	3	1	...	...	...	...	1	...	...	...	...	...	4	1
Septicæmia	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Syphilis, primary	616	1	17	...	218	...	297	...	47	...	22	...	1,215	1
,, secondary	444	3	22	...	307	...	240	1	34	1	11	...	1,058	5
Gonorrhœa	594	1	26	...	339	1	301	...	52	1	8	...	1,320	3
Hydrophobia	1	1	...	...	2	2	...	...	...	...	...	...	3	3
Animal parasite, not defined	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Tænia solium	4	...	...	...	3	...	2	...	...	...	...	...	9	...
,, mediocanellata	1	...	...	...	2	...	...	...	1	...	...	...	4	...
Echinococcus hominis	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Ascaris lumbricoides	15	...	...	...	25	...	4	...	...	...	...	...	44	...
Filaria Medinensis	196	...	112	...	16	...	163	...	19	...	...	...	506	...
Dochmius duodenalis	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Pipsa fly	13	...	...	...	...	...	...	...	...	...	...	...	13	...
Pediculus capitis	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Oidium albicans	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Chionyphe Carteri	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Surfeit	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Scurvy	246	4	1	...	5	...	162	3	3	...	10	...	427	7
Alcoholism	1	...	...	...	7	...	1	...	...	...	...	...	9	...
Congenital phimosis	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Fissure of the soft palate	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Malformation of nose	2	...	...	...	...	...	...	...	...	...	...	...	2	...
Debility	702	5	45	1	729	9	391	4	68	...	42	2	1,977	21
Rheumatic fever	26	6	1	...	15	...	10	...	4	1	2	...	58	7
Rheumatism	1,144	...	126	...	721	5	556	...	85	...	24	...	2,656	5
Gout	5	...	...	...	...	...	1	...	...	...	...	...	6	...
Osteo-arthritis	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Non-malignant new growth, not defined	12	...	...	...	5	...	3	...	...	...	...	...	20	...
Hæmatoma	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Pterygium	1	...	3	...	1	...	5	...	1	...	...	...	11	...
Fibroma, not defined	1	...	...	...	...	...	2	...	...	...	...	...	3	...
Elephantiasis	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Fibroma, polypoid	...	...	...	...	1	...	1	...	...	...	...	...	2	...
,, tuberous	1	...	...	...	...	...	...	...	...	...	...	...	1	...
,, bony	1	...	...	...	...	...	2	...	...	...	...	...	3	...
Lipoma	4	...	...	...	...	...	1	...	...	...	...	...	5	...
Enchondroma	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Exostosis	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Mucous polypus	2	...	...	...	...	...	...	...	...	...	...	...	2	...
Dermoid cyst	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Angeioma	...	...	...	...	2	...	...	...	...	...	...	...	2	...
Papilloma	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Warts	5	...	1	...	1	...	...	...	...	...	...	...	7	...
Condyloma	1	...	...	...	2	...	...	...	...	...	...	...	3	...
Lymphoma	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Malignant new growths :—														
Sarcoma, not defined	2	...	...	...	...	...	...	...	...	...	...	...	2	...
,, round-celled	...	...	...	...	...	...	1	...	...	...	...	...	1	...
,, spindle ,,	1	...	...	...	...	...	...	...	...	...	...	...	1	...
,, myeloid	1	...	...	...	1	...	...	...	...	...	...	...	2	...
Carcinoma, not defined	1	...	...	...	...	...	...	...	...	...	...	...	1	...
,, scirrhus	2	...	...	...	...	...	...	...	...	...	...	...	2	...
Tubercle of meninges	1	1	...	...	1	1	...	...	...	...	...	...	2	2
,, ,, lungs	148	50	1	1	18	6	16	4	3	...	1	...	187	61
,, ,, peritonæum	1	...	...	...	...	...	...	...	...	...	...	...	1	...
,, ,, lymph-glands	9	2	...	...	...	...	...	...	...	...	...	...	9	2
,, ,, knee joint	1	...	...	...	...	...	...	...	...	...	...	...	1	...
,, ,, bones	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Scrofula	14	...	...	...	10	...	14	...	...	...	...	...	38	...
Leprosy	4	...	1	...	11	...	3	...	2	1	...	...	21	1
,, tubercular	3	...	...	...	...	...	1	...	...	...	...	...	4	...
Anæmia	258	6	13	...	223	6	138	3	12	...	12	1	656	16
Idiopathic anæmia	...	...	...	...	1	1	...	...	...	...	...	...	1	1
Diabetes mellitus	6	1	...	...	2	1	4	...	2	...	...	...	14	2

XXX—*continued.*

TABLE showing in DETAIL the CAUSES of ADMISSION and DEATH in the various CORPS of the ARMY of INDIA—continued.

CAUSES OF ADMISSION AND DEATH.	ARMY OF BENGAL.		CORPS OF CENTRAL INDIA AND RAJPUTANA.		ARMY OF MADRAS.		ARMY OF BOMBAY.		HYDERABAD CONTINGENT.		WAZIRISTAN FIELD FORCE.		ARMY OF INDIA.	
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Hæmorrhage into the brain	...	...	...	...	1	1	...	...	...	...	...	...	1	1
Inflammation of the cerebral membranes	1	1	...	...	1	1	3	...	...	...	...	...	5	2
Inflammation of the pia mater and arachnoid	...	...	...	...	1	1	...	...	...	...	...	...	1	1
Inflammation of the spinal cord and its membranes	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Spinal meningitis	...	...	...	...	1	1	...	...	...	...	...	...	1	1
Myelitis	2	...	...	...	1	...	...	...	...	...	...	...	3	...
Neuritis	...	...	...	...	7	1	...	...	...	...	1	...	8	1
Abscess of the brain	...	...	...	...	...	...	1	1	...	...	...	...	1	1
Sclerosis of the anterior cornua of the grey matter of the spinal cord	1	...	...	...	2	...	1	...	...	...	...	...	4	...
,, of the posterior columns	5	...	1	...	4	1	1	...	...	...	...	...	11	1
Apoplexy	2	2	...	...	1	1	...	...	...	...	...	...	3	3
Paralysis	5	...	...	...	3	...	5	...	...	...	...	...	13	...
Hemiplegia	6	1	2	1	8	...	3	1	3	1	...	...	22	4
Paraplegia	3	...	...	...	5	...	3	...	...	...	...	...	11	...
Local paralysis	16	...	...	...	10	...	4	...	...	...	...	...	30	...
Anæsthesia	...	...	1	...	...	...	1	...	...	...	...	...	2	...
Hemi-anæsthesia	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Local anæsthesia	1	...	1	...	3	...	1	...	...	...	...	...	6	...
Spasm of muscles	1	...	1	...	2	...	1	...	...	...	...	...	5	...
Wry-neck	1	...	...	...	4	...	4	...	1	...	...	...	10	...
Hyperæsthesia	1	...	...	...	1	...	...	...	...	...	...	...	2	...
Neuralgia	277	...	27	...	44	...	116	...	9	...	3	...	476	...
Vertigo	8	...	2	...	3	...	4	...	...	...	...	...	17	...
Megrim	14	...	7	...	12	...	50	...	2	...	...	...	85	...
Tetanus	2	1	...	...	2	2	1	1	...	...	...	...	5	4
Tetany	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Epilepsy	19	2	1	...	29	...	7	...	1	...	...	...	57	2
Chorea	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Hysteria	...	...	...	...	1	...	1	...	...	...	...	...	2	...
Hypochondriasis	2	...	1	...	1	...	2	...	...	...	...	...	6	...
Insanity	1	...	...	...	1	...	6	...	...	...	...	...	8	...
Mania	7	...	...	...	11	...	5	...	...	...	...	...	23	...
Melancholia	2	...	...	...	4	...	2	...	1	...	...	...	9	...
Dementia	5	...	...	...	8	...	2	...	2	...	...	...	17	...
Toxic insanity	1	...	3	...	1	...	...	...	...	...	...	...	5	...
Consecutive insanity	3	...	...	...	...	...	...	...	...	...	...	...	3	...
Ecchymosis of conjunctiva	1	...	...	...	2	...	...	...	...	...	...	...	3	...
Œdema ,, ,,	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Chemosis	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Conjunctivitis	1,094	...	184	...	562	...	483	...	112	...	6	...	2,441	...
,, granular	43	...	...	...	2	...	7	...	...	...	...	...	52	...
Metallic deposits in conjunctiva	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Keratitis	41	...	2	...	21	...	10	...	5	...	2	...	81	...
Ulcer of the cornea	104	...	6	...	33	...	30	...	5	...	1	...	179	...
Opacity ,, ,,	8	...	1	...	3	...	2	...	1	...	...	...	15	...
Staphyloma	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Sclerotitis	1	...	...	...	1	...	...	...	...	...	...	...	2	...
Iritis	20	...	3	...	7	...	2	...	1	...	...	...	33	...
Synechia, posterior	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Myosis	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Choroiditis	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Glaucoma	1	...	...	...	2	...	...	...	...	...	...	...	3	...
Atrophy of optic disc	...	...	...	...	11	...	2	...	...	...	...	...	13	...
Congestion ,, ,,	...	...	...	...	1	...	1	...	...	...	...	...	2	...
Inflammation of the optic nerve	1	...	...	...	...	1	...	...	...	...	...	...	1	1
Neuro-retinitis	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Retinitis	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Cataract	3	...	...	...	5	...	4	...	1	...	...	...	13	...
Panophthalmitis	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Shrunken eye-ball	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Ametropia	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Myopia	6	...	...	...	5	...	1	...	1	...	...	...	13	...
Hypermetropia	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Asthenopia	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Night-blindness	13	...	...	...	2	...	6	...	...	...	...	...	21	...
Day-blindness	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Amblyopia	...	..	...	...	21	...	...	...	...	...	...	...	21	...
Amaurosis	...	...	...	...	5	...	4	...	1	...	...	...	10	...
Sympathetic irritation of the eye-ball	...	...	...	...	...	...	3	...	...	...	...	...	3	...
Nystagmus	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Fistula of lacrymal sac	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Dacryocystitis	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Hæmatoma of the eyelids	2	...	...	...	...	...	1	...	...	...	...	...	3	...
Blepharitis	2	...	...	...	1	...	1	...	...	...	...	...	4	...
Stye	48	...	...	...	29	...	25	...	1	...	...	...	103	...
Abscess of the eyelids	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Trichiasis	2	...	...	...	...	...	...	...	...	...	...	...	2	...
Entropion	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Ptosis	...	...	...	...	...	...	2	...	...	...	...	...	2	...
Chalazion	2	...	...	...	...	...	...	...	...	...	...	...	2	...
Cellulitis of the orbit	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Hæmatoma of the auricle	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Inflammation of the external meatus	274	...	8	...	57	...	72	...	11	...	2	...	424	...
Abscess of the external meatus	21	...	4	...	2	...	10	...	1	...	...	...	38	...
Sebaceous cyst	1	...	...	...	...	...	...	...	...	...	...	...	1	...

CAUSES OF ADMISSION AND DEATH.	ARMY OF BENGAL.		CORPS OF CENTRAL INDIA AND RAJPUTANA.		ARMY OF MADRAS.		ARMY OF BOMBAY.		HYDERABAD CONTINGENT.		WAZIRISTAN FIELD FORCE.		ARMY OF INDIA.	
	Ad-mitted.	Died.	Ad-mitted.	Died.	Ad-mitted.	Died.	Ad-mitted.	Died.	Ad-mitted.	Died.	Ad-mitted.	Died.	Ad-mitted.	Died.
Accumulation of wax in external meatus	1	...	...	...	3	...	2	...	...	...	...	...	6	...
Inflammation of the middle ear	13	...	...	...	...	...	12	...	...	...	...	...	25	...
Inflammation of the membrana tympani	11	...	...	...	2	...	1	...	...	...	...	...	14	...
Necrosis of ossicles	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Perforation of membrana tympani	3	...	...	...	...	...	3	...	...	...	...	...	6	...
Otorrhœa	...	...	...	...	...	...	...	...	...	...	1	...	1	...
Deafness	9	...	...	...	6	...	3	...	2	...	1	...	20	...
Epistaxis	13	...	1	...	4	...	4	...	...	...	1	...	23	...
Nasal catarrh	22	...	...	...	2	...	3	...	1	...	...	...	28	...
Ulceration of the nose	...	...	...	...	2	...	...	...	...	...	...	...	2	...
Ozæna	...	...	...	...	1	...	1	...	...	...	...	...	2	...
Perforation of the septum	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Hæmopericardium	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Peri and Endo-carditis	3	3	...	...	1	...	...	...	...	...	...	...	4	3
Pericarditis	...	...	...	...	4	1	5	...	...	...	...	...	9	1
Valve disease of the heart	12	3	1	1	14	5	3	1	2	...	...	...	32	10
Clots in the heart	...	...	...	...	1	1	...	...	...	...	...	...	1	1
Thrombus „ „	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Hypertrophy of the heart	1	...	...	...	2	...	1	...	...	...	...	...	4	...
Abscess of the heart	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Fatty degeneration of the heart	...	1	...	...	1	1	1	...	...	...	...	...	2	2
Excessive growth of fat on the heart	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Dilatation of the heart	2	1	...	...	6	...	2	...	...	...	...	...	10	1
Angina pectoris	1	...	1	1	1	...	...	...	...	...	...	...	3	1
Syncope	4	4	1	1	2	3	4	4	1	1	...	...	12	13
Palpitation	6	...	4	...	17	...	10	...	...	...	...	...	37	...
Aneurysm of arteries	3	1	...	...	...	...	2	1	...	...	...	...	5	2
Thrombosis „ „	2	2	...	...	1	3	...	...	...	...	...	...	3	5
Phlebitis	3	...	...	...	...	...	2	...	...	...	...	...	5	...
Phlegmasia dolens	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Varix	15	...	...	...	5	...	10	...	2	...	...	...	32	...
Obstruction of veins	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Laryngitis	50	2	3	1	12	...	7	...	2	...	2	...	76	3
Abscess of larynx	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Aphonia	...	...	...	...	...	...	1	...	...	...	...	....	1	...
Bronchitis and bronchial catarrh	2,629	25	140	1	472	9	862	12	62	...	93	4	4,258	51
Dilatation of bronchi	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Spasmodic asthma	77	...	4	1	117	1	72	...	16	...	1	...	287	2
Passive congestion of the lungs	3	2	...	...	1	...	...	...	...	...	...	...	4	2
Hæmorrhage from the lungs	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Hæmoptysis	24	1	1	...	5	1	6	1	...	...	1	...	37	3
Pulmonary apoplexy	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Pneumonia	916	220	54	8	168	29	313	68	64	5	116	37	1,631	367
Abscess of the lungs	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Cirrhosis „ „	...	...	...	...	1	...	1	...	1	...	...	...	3	...
Acute pneumonic phthisis	2	1	...	...	5	1	7	1	1	...	...	...	15	3
Chronic „ „	27	8	8	1	17	3	28	6	1	...	...	...	81	18
Emphysema	4	...	...	...	1	...	3	...	...	...	...	...	8	...
Pleurisy	167	4	10	2	33	3	81	4	4	1	9	...	304	14
Empyema	3	...	1	...	1	...	2	1	...	...	...	...	7	1
Adhesions of the pleura	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Ulcer of the lips	2	...	...	...	...	...	2	...	...	...	...	...	4	...
Fissure of the lips	1	...	...	...	1	...	...	...	...	...	...	...	2	...
Stomatitis	22	...	...	...	8	...	19	...	...	...	...	..	49	...
Ulcerative stomatitis	12	...	...	...	1	...	4	...	1	...	...	...	18	...
Vesicular „	3	...	...	...	1	...	1	...	...	...	...	...	5	...
Noma	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Ranula	3	...	...	...	...	...	...	...	...	...	...	...	3	...
Abscess of the antrum	1	...	...	...	1	...	...	...	...	...	...	...	2	...
Caries of dentine	27	...	1	...	4	...	15	...	3	...	...	...	50	...
Inflammation of the dental periosteum	9	...	...	...	2	...	4	...	2	...	...	...	17	...
Abscess of the dental periosteum	90	...	9	...	30	...	71	...	14	...	...	...	214	...
Inflammation of gums and alveoli	6	...	...	...	1	...	1	...	...	...	...	...	8	...
Suppuration of gums and alveoli	3	...	...	...	4	...	...	...	2	...	...	...	9	...
Ulceration of the gums	6	...	...	...	...	...	1	...	...	...	...	...	7	...
Caries of alveoli	2	...	...	...	1	...	1	...	...	...	...	...	4	...
Necrosis „	...	...	2	...	...	...	1	...	...	...	...	...	3	...
Toothache	1	...	...	...	2	...	9	...	...	...	...	...	12	...
Inflammation of the tongue	2	...	...	...	...	...	...	...	...	...	...	...	2	...
Abscess „ „	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Ulcer „ „	4	...	...	...	1	...	3	...	1	...	...	...	9	...
Hypertrophy of tonsils	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Elongated uvula	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Relaxed throat	2	...	...	...	1	...	1	...	...	...	...	...	4	...
Sore throat	125	...	3	...	19	...	80	...	4	...	2	...	233	...
Quinsy	44	...	4	...	8	...	24	...	5	...	5	...	90	...
Follicular tonsillitis	45	...	3	...	9	...	31	...	3	...	...	...	91	...
Ulceration of the fauces	3	...	...	...	...	...	2	...	...	...	...	...	5	...
Inflammation of the salivary glands	13	...	...	...	5	...	7	...	1	...	...	...	26	...
Abscess of the salivary glands	3	...	...	...	1	1	...	...	...	...	...	...	4	1
Salivary fistula	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Ranula	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Salivation	...	...	1	...	...	...	1	...	...	...	...	...	2	...
Follicular inflammation of the pharynx	4	...	...	...	2	...	...	...	...	...	1	...	7	...

XXX—*continued.*

TABLE showing in DETAIL the CAUSES of ADMISSION and DEATH in the various CORPS of the ARMY of INDIA—continued.

CAUSES OF ADMISSION AND DEATH.	ARMY OF BENGAL.		CORPS OF CENTRAL INDIA AND RAJPUTANA.		ARMY OF MADRAS.		ARMY OF BOMBAY.		HYDERABAD CONTINGENT.		WAZIRISTAN FIELD FORCE.		ARMY OF INDIA.	
	Ad-mitted.	Died.	Ad-mitted.	Died.	Ad-mitted.	Died.	Ad-mitted.	Died.	Ad-mitted.	Died.	Ad-mitted.	Died.	Ad-mitted.	Died.
Post-pharyngeal abscess	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Ulceration of the pharynx	2	...	...	...	1	...	...	...	...	...	...	...	3	...
Dysphagia	2	...	...	...	...	...	...	...	...	...	...	...	2	...
Hæmorrhage from the stomach	1	...	...	...	2	...	1	...	...	...	...	...	4	...
Inflammation of the stomach	20	...	...	...	65	2	2	...	5	...	...	...	92	2
Ulceration ,, ,,	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Dilatation ,, ,,	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Dyspepsia	166	...	29	...	34	...	92	...	7	...	1	...	329	...
Gastrodynia	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Vomiting	...	...	...	...	...	...	...	...	...	...	1	...	1	...
Hæmorrhage from the intestines including melæna	3	...	...	...	4	...	3	...	...	...	...	...	10	...
Inflammation of the intestines	6	...	...	...	226	4	18	..	14	1	...	...	264	5
Enteritis	1	...	1	...	2	...	2	...	1	...	...	...	7	...
Typhlitis	26	1	2	...	7	...	5	...	3	...	...	...	43	1
Colitis	2	...	...	...	4	...	1	...	...	...	...	...	7	...
Ulceration of the intestines	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Tympanites	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Obstruction of the intestines	4	3	...	...	3	2	2	1	...	...	...	...	9	6
Intussusception	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Volvulus	...	...	...	...	...	...	4	1	...	...	...	...	4	1
Internal strangulation of the intestines	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Hernia	14	...	...	...	12	...	1	...	1	...	...	...	28	...
Perforation of the intestines	...	...	...	...	1	1	...	...	...	...	...	...	1	1
Diarrhœa	615	9	41	...	292	9	419	2	17	1	22	...	1,406	21
Constipation	18	...	3	...	8	...	8	...	1	...	...	...	38	...
Colic	185	...	16	...	28	...	81	...	2	...	...	...	312	...
Hæmorrhage from the rectum and anus	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Abscess of the rectum and anus	11	...	...	...	8	...	6	...	2	...	...	...	27	...
Ulceration ,, ,,	1	...	...	...	...	...	1	...	2	...	...	...	4	...
Piles	94	...	7	...	34	...	44	...	5	...	4	...	188	...
Prolapsus of the rectum and anus	7	...	...	...	...	...	7	...	...	...	...	...	14	...
Fistula in ano	23	...	1	...	11	...	14	...	2	...	...	...	51	...
Fissure of the anus	4	...	...	...	...	...	1	...	...	...	1	...	6	...
Hypertrophy of the liver	3	...	...	...	1	...	...	...	...	...	...	...	4	...
Atrophy ,, ,,	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Congestion ,, ,,	25	1	1	...	13	...	24	...	1	...	1	...	65	1
Acute yellow atrophy of the liver	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Hepatitis	28	2	3	...	9	1	16	...	...	...	...	...	56	3
Perihepatitis	4	...	...	...	2	...	1	...	...	...	...	...	7	...
Cirrhosis of the liver	4	3	...	...	2	1	1	2	1	...	...	...	8	6
Abscess ,, ,,	1	...	...	...	2	2	5	5	1	...	...	...	9	7
,, ,, ,, associated with dysentery	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Jaundice	82	...	2	...	7	...	22	...	1	1	1	...	115	1
Inflammation of the hepatic ducts and gall-bladder	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Obstruction of the hepatic ducts	...	...	...	...	...	...	...	...	1	...	...	...	1	...
Gallstones	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Biliary colic	8	...	...	...	1	...	6	...	...	...	...	...	15	...
Ascites	3	1	...	...	1	...	1	...	1	...	6	...	12	1
Peritonitis	6	3	...	...	5	2	1	1	...	...	...	...	12	6
Adhesion of the peritonæum	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Omental hernia	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Hypertrophy of the spleen	1	...	...	...	1	1	...	...	...	...	...	...	2	1
Induration and enlargement of the spleen from ague	697	7	37	...	89	1	160	...	8	...	16	1	1,007	9
Congestion of the spleen	15	...	...	...	1	...	...	...	...	...	...	...	16	...
Splenitis	6	...	...	...	11	...	28	...	...	...	...	...	45	...
Hypertrophy of lymph-glands	2	1	1	...	2	...	1	...	...	...	...	...	6	1
Inflammation of lymph-vessels	4	...	...	...	7	...	1	...	...	...	2	...	14	...
Suppuration ,, ,,	2	...	...	...	...	...	...	...	...	...	...	...	2	...
Inflammation of lymph glands	211	...	10	...	68	1	73	...	11	...	3	...	376	1
Suppuration ,, ,,	56	...	1	...	9	...	11	...	1	...	...	...	78	...
Lymphadenoma	...	...	...	...	1	1	2	1	...	...	...	...	3	2
Goitre	41	...	...	...	6	...	2	...	...	...	...	...	49	...
Acute nephritis	9	3	1	...	3	2	2	1	...	...	...	...	15	6
Bright's disease	5	1	3	...	6	3	1	...	1	1	...	...	16	5
Chronic nephritis	5	...	...	...	3	2	2	1	1	...	...	...	11	3
Granular kidney	...	...	...	...	2	...	...	...	...	...	...	...	2	...
Pyelitis	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Abscess of the kidney	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Calculus in kidney	7	1	1	...	...	...	3	...	...	...	1	...	12	1
,, pelvis of kidney	1	...	...	...	...	...	1	...	...	...	...	...	2	...
,, ureter	7	...	...	...	...	...	4	...	...	...	...	...	11	...
Nephralgia	9	...	...	...	...	...	4	...	...	...	...	...	13	...
Diabetes insipidus	1	...	...	...	1	...	2	...	...	...	...	...	4	...
Suppression of urine	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Hæmaturia	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Chyluria	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Albuminuria	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Lithuria	3	...	...	...	...	...	2	...	...	...	...	...	5	...
Phosphuria	2	...	...	...	...	...	...	...	...	...	...	...	2	...
Inflammation of the bladder	4	...	...	...	3	...	6	...	...	...	...	...	13	...
Calculus in the bladder	3	...	3	...	...	...	2	1	...	...	...	...	8	1
Irritability of the bladder	1	...	...	...	...	...	3	...	...	...	...	...	4	...
Retention of urine	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Incontinence of urine	3	...	...	...	...	...	...	...	...	...	...	...	3	...
Urethritis	...	...	...	...	1	...	2	...	...	...	...	...	3	...

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	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Urinary abscess	...	1	...	...	1	...	...	...	...	...	...	...	1	1
Stricture of urethra	6	...	...	...	10	...	5	2	...	...	...	...	21	2
Urinary fistula	1	...	...	...	4	...	1	...	...	...	...	...	6	...
Extravasation of urine	1	1	...	...	1	...	...	...	...	...	...	...	2	1
Impacted calculus	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Hypertrophy of prostate gland	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Œdema of the penis	...	...	...	...	...	...	...	...	2	...	...	...	2	...
Inflammation of the glans penis	3	...	...	...	2	...	5	...	...	...	...	...	10	...
Ulcer of the penis	257	...	4	...	148	...	147	...	2	...	...	...	558	...
Phimosis	3	...	...	...	4	...	3	...	...	...	...	...	10	...
Paraphimosis	1	...	...	...	3	...	3	...	...	...	...	...	7	...
Œdema of the scrotum	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Inflammation of the scrotum	2	...	...	...	...	...	...	...	...	...	...	...	2	...
Abscess ,,	...	...	1	...	3	...	3	...	...	...	...	...	7	...
Sloughing ,,	...	...	...	...	2	...	...	...	...	...	...	...	2	...
Pruritus	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Hydrocele of the spermatic cord	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Inflammation ,, ,,	...	...	...	...	2	...	1	...	1	...	...	...	4	...
Varicocele	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Hæmatocele	2	...	...	...	...	...	...	...	...	...	...	...	2	...
Hydrocele of the tunica vaginalis	8	...	...	...	16	...	3	...	1	...	...	...	28	...
Orchitis	132	...	6	...	79	...	65	...	8	...	2	...	292	...
Epididymitis	8	...	2	...	1	...	5	...	1	...	...	...	17	...
Abscess of the testicle	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Protrusion of tubuli	...	...	...	...	2	...	...	...	...	...	...	...	2	...
Cyst of the testicle	...	...	...	...	...	...	...	...	1	...	...	...	1	...
Spermatorrhœa	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Impotence	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Inflammation of the male breast	1	...	1	...	...	...	...	...	...	...	...	...	2	...
Hypertrophy of bones	1	...	...	...	1	...	...	...	...	...	...	...	2	...
Inflammation ,,	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Ostitis	3	...	...	...	2	...	...	...	...	...	...	...	5	...
Periostitis	15	...	1	...	14	...	16	...	2	...	...	...	48	...
,, circumscribed	6	...	...	...	4	...	2	...	...	...	...	...	12	...
Chronic abscess of bone	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Caries	4	...	1	...	1	...	3	...	...	...	...	...	9	...
Necrosis	6	...	1	...	1	...	2	...	...	...	...	...	10	...
Synovitis	139	...	16	...	73	...	110	...	16	...	1	...	355	...
Abscess of joints	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Ankylosis	3	...	...	...	5	...	3	...	...	...	...	...	11	...
Deformity from ankylosis	...	...	...	...	2	...	...	...	...	...	...	...	2	...
Dislocation of articular cartilage	2	...	...	...	...	...	1	...	...	...	...	...	3	...
Atrophy of spine	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Caries and necrosis of spine	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Posterior curvature of spine	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Atrophy of muscles	2	...	...	...	...	...	...	...	...	...	...	...	2	...
Inflammation ,,	2	...	...	...	3	...	...	...	...	...	...	...	5	...
Gangrene ,,	1	...	...	...	...	...	3	...	...	...	...	...	4	...
Contracture ,,	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Exhaustion ,,	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Inflammation of tendons and fasciæ	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Adhesion of tendons	1	...	...	...	1	...	...	...	...	...	...	...	2	...
Contraction ,,	2	...	...	...	...	...	1	...	...	...	...	...	3	...
Flat-foot	2	...	...	...	...	...	...	...	...	...	...	...	2	...
Inflamed bursa	13	...	1	...	...	...	6	...	...	...	...	...	20	...
Thecal abscess	4	...	...	...	3	...	...	...	...	...	...	...	7	...
Bunion	4	...	...	...	1	...	...	...	...	...	...	...	5	...
Ganglion	6	...	...	...	1	...	1	...	...	...	...	...	8	...
Bursal tumour	2	...	...	...	...	...	1	...	...	...	...	...	3	...
Œdema of connective tissue	5	...	...	...	8	...	6	...	...	...	...	...	19	...
Inflammation ,, ,,	154	...	11	...	54	...	169	1	10	...	7	...	405	1
Abscess ,, ,,	1,163	2	63	1	369	...	393	1	102	...	28	...	2,118	4
Undue formation of fat	...	...	...	...	4	...	...	...	...	...	...	...	4	...
Erythema	5	...	...	...	4	...	2	...	1	...	...	...	12	...
Roseola	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Urticaria	41	...	9	...	8	...	21	...	2	...	...	...	81	...
Eczema	255	...	20	...	122	...	99	...	19	...	8	...	523	...
Intertrigo	4	...	...	...	1	...	...	...	...	...	...	...	5	...
Impetigo	20	...	1	...	15	...	3	...	...	...	...	...	39	...
Rupia	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Ecthyma	3	...	...	...	...	...	6	...	...	...	...	...	9	...
Pityriasis	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Prurigo	2	...	...	...	...	...	...	...	...	...	...	...	2	...
Lichen	9	...	...	...	14	...	3	...	...	...	...	...	26	...
Psoriasis	13	...	1	...	5	...	4	...	1	...	...	...	24	...
Miliaria	2	...	...	...	5	...	1	...	...	...	...	...	8	...
Herpes	52	...	2	...	15	...	9	...	3	...	...	...	81	...
Zona	57	...	2	...	12	...	24	...	3	...	...	...	98	...
Pemphigus	7	...	...	...	2	...	3	...	...	...	...	...	12	...
Acne	4	...	...	...	4	...	1	...	...	...	...	...	9	...
Gutta rosea	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Sycosis	6	...	...	...	1	...	...	...	...	...	...	...	7	...
Ichthyosis	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Scleroderma	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Leucoderma	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Chloasma	...	...	...	...	3	...	...	...	...	...	...	...	3	...
Chilblain	13	...	..	...	...	...	2	...	...	...	...	...	15	...
Ulcer	2,326	...	136	...	493	...	758	1	135	...	134	...	3,982	1
Cicatrices	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Fissures	29	...	...	...	9	...	15	...	...	...	...	...	53	...
Boil	2,258	...	89	...	386	...	868	...	159	...	15	...	3,775	...
Carbuncle	26	...	3	...	5	...	1	...	2	...	...	...	37	...

XXX—*concluded.*

TABLE showing in DETAIL the CAUSES of ADMISSION and DEATH in the various CORPS of the ARMY of INDIA—concluded.

CAUSES OF ADMISSION AND DEATH.	Army of Bengal.		Corps of Central India and Rajputana.		Army of Madras.		Army of Bombay.		Hyderabad Contingent.		Waziristan Field Force.		Army of India.	
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Gangrene	...	...	...	...	...	...	2	...	...	...	...	...	2	...
Whitlow, including Onychia	262	...	15	...	55	...	126	...	14	...	9	...	481	...
Corn	2	...	1	...	2	...	7	...	...	...	...	...	12	...
Lupus	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Cheloid	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Wen	10	...	1	...	3	...	8	...	...	...	...	...	22	...
Molluscum contagiosum	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Delhi boil	13	...	1	...	...	...	...	...	...	...	...	...	14	...
Ringworm	182	...	6	...	92	...	91	...	26	...	2	...	399	...
Favus	2	...	...	...	2	...	2	...	...	...	...	...	6	...
Tinea versicolor	2	...	...	...	...	...	...	...	...	...	...	...	2	...
Itch	1,679	...	64	...	969	...	567	...	108	...	5	...	3,392	...
Phthiriasis	1	...	...	...	...	...	2	...	...	...	...	...	3	...
Irritation by stinging plants	...	...	...	...	...	...	...	...	1	...	...	...	1	...
Accidental:—														
Poisons:—														
Arsenic	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Copper	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Mercury	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Mercurial tremor	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Mercurial inflammation of the dental periosteum	3	...	...	...	...	...	1	...	...	...	...	...	4	...
Potash	...	...	...	...	2	...	...	...	1	...	...	...	3	...
Alcohol	2	1	...	...	1	1	...	...	...	...	...	...	3	2
Indian hemp	3	1	...	...	8	...	1	...	...	...	1	...	13	1
Tobacco	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Aconite	2	...	...	...	...	...	...	...	...	...	...	...	2	...
Opium	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Poisonous grain, not defined	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Irritant drugs	2	...	...	...	...	...	...	...	...	...	...	...	2	...
Poisoned wound:—														
By venomous animals, not defined	...	...	...	...	2	...	1	...	...	...	...	...	3	...
,, snakes	7	...	2	1	1	1	3	2	1	...	...	...	14	4
,, scorpions	1	...	...	...	...	...	2	...	...	...	...	...	3	...
,, stinging insects	18	...	2	...	...	...	15	...	...	...	...	...	35	...
,, crocodile	...	...	1	...	...	...	...	...	...	...	...	...	1	...
,, fish	...	...	...	...	...	...	1	...	...	...	...	...	1	...
,, dog	...	...	...	...	...	...	5	...	...	...	...	...	5	...
,, rats	...	...	...	...	...	...	1	...	...	...	...	...	1	...
,, monkey	...	...	...	...	...	...	2	...	...	...	...	...	2	...
,, tiger	...	...	1	1	...	...	...	...	...	...	...	...	1	1
,, bear	...	...	...	...	...	...	...	...	1	...	...	...	1	...
,, morbid secretions	...	...	...	...	...	...	2	...	...	...	...	...	2	...
,, vegetable substance	...	...	...	...	...	...	1	...	...	...	...	...	1	...
,, decomposing organic matter	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Burns and scalds	179	...	10	...	61	...	97	...	13	...	3	...	363	...
Effects of mechanical injuries	...	...	...	...	4	...	...	...	...	...	...	...	4	...
,, of excessive exertion and strain	4	...	...	...	...	...	...	...	...	...	...	...	4	...
Effects of climate	...	...	...	...	1	...	...	...	...	...	...	...	1	...
,, of chemical irritants and corrosives	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Lightning stroke	2	...	...	...	...	...	...	...	...	...	...	...	2	...
Sunstroke	5	5	...	...	1	...	2	1	1	...	...	...	9	6
Heat-apoplexy	6	5	...	...	1	1	2	...	...	...	1	...	10	6
Multiple injury	5	1	...	...	1	...	...	...	...	...	...	...	6	1
Drowning	...	10	...	1	...	2	...	2	...	...	...	1	...	16
Asphyxia from compression of chest by fall of earth	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Starvation	...	...	...	...	...	...	...	...	2	1	...	...	2	1
Shock	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Frost-bite	1	...	...	...	...	...	2	...	...	...	...	...	3	...
Abrasions	1,427	...	55	...	53	...	297	...	46	...	88	...	1,966	...
Contusions	1,550	...	116	...	317	...	714	...	156	...	28	...	2,881	...
Wounds	1,217	...	57	...	625	...	459	...	161	1	12	...	2,531	1
,, gunshot	36	8	5	...	7	3	13	...	...	1	2	...	63	12
Sprains and strains	494	...	43	...	255	...	312	...	50	...	4	...	1,158	...
Dislocation of spine with fracture	2	2	...	...	1	1	...	...	...	...	...	...	3	3
Dislocation of other bones	33	...	3	...	15	...	26	...	4	...	3	...	84	...
Rupture of membrana tympani	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Rupture of lung	...	...	...	...	...	1	...	...	...	...	...	...	...	1
,, of muscles	2	...	...	...	1	...	...	...	...	...	...	...	3	...
,, of artery	1	1	...	...	...	...	...	...	...	...	...	...	1	1
,, of vein	1	...	...	...	...	...	...	...	...	...	...	...	1	...
,, of urethra	...	...	...	...	...	...	1	...	...	...	...	...	1	...
,, and laceration of spleen	1	1	...	...	...	...	...	2	...	...	...	...	1	3
Effects on the skin of irritants and corrosives	2	...	...	...	4	...	1	...	...	...	...	...	7	...
Fracture of the vault of the skull	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Fracture of the base of the skull	3	3	...	...	...	...	1	...	1	1	...	...	5	4
Fracture of other bones	136	...	13	...	29	...	52	...	12	...	1	...	243	...
Foreign bodies in the skin and organs	8	...	...	...	3	...	19	...	1	...	...	...	31	...
Compression of brachial plexus	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Concussion of brain	12	1	2	...	4	...	7	...	1	...	...	...	26	1
Compression of brain	1	...	...	...	...	...	...	...	...	...	...	...	1	...

CAUSES OF ADMISSION AND DEATH.	ARMY OF BENGAL.		CORPS OF CENTRAL INDIA AND RAJPUTANA.		ARMY OF MADRAS.		ARMY OF BOMBAY.		HYDERABAD CONTINGENT.		WAZIRISTAN FIELD FORCE.		ARMY OF INDIA.	
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Laceration of brain	...	...	...	...	1	1	1	...	...	...	...	...	2	1
Injuries of the alveoli and teeth	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Chemical injury of the eyelids and eye	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Concussion of cord	2	...	...	...	...	...	...	...	...	...	...	...	2	...
Contusion of abdomen with rupture of viscera	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Fracture and dislocation of pelvis	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Separation of epiphysis	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Fall from horse	...	1	...	...	...	...	...	...	...	...	...	...	...	1
In action:—														
Wounds, arrows, sword-cut, etc.	16	...	...	...	...	...	...	...	...	...	33	1	49	1
Wounds, gunshot	7	...	...	...	2	...	...	...	...	...	21	1	30	1
Killed	...	9	...	...	...	1	...	...	...	...	...	20	...	30
Homicidal:—														
Wounds, gunshot	2	6	...	...	...	...	2	2	...	...	...	...	4	8
,, sword-cut	1	1	...	...	...	...	...	...	...	...	...	...	1	1
,, bayonet	...	...	...	...	...	...	1	...	...	...	...	...	1	...
,, cut-throat	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Murder	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Suicidal:—														
Opium	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Wounds, gunshot	1	7	...	...	...	3	1	1	...	...	...	...	2	11
Drowning	1	1	...	...	1	...	...	...	...	...	...	1	2	2
Hanging	...	...	...	...	...	3	...	...	...	...	...	...	...	3
Cut-throat	1	1	...	...	1	...	...	1	...	...	...	...	2	2
Bayonet wound	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Not yet diagnosed	14	...	...	...	...	...	...	...	...	...	...	...	14	...
No appreciable disease	11	...	...	...	28	...	16	...	...	...	...	...	55	...
Cause unknown	...	6	...	1	...	3	...	...	...	...	...	2	...	12
Absent deaths	...	327	...	14	...	121	...	97	...	21	...	...	...	580

3.—JAIL POPULATION OF INDIA, 1894.

I.—STATISTICS OF PROVINCIAL AREAS.

JAIL POPULATION OF INDIA, 1894.

I.

TABLE showing the SICKNESS and MORTALITY among the JAIL POPULATION of INDIA during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death. Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Phagedæna, Slough and Gangrene.	Injuries and Suicide.	All other Causes.
January .	100,864	3,770	37·4	307	35·84	10	...	1	7	9	...	...	...	6	7	17	83	16	56	24	2	1	3	7	...	20	...	8	30
February .	100,474	3,745	37·3	205	26·60	2	...	1	5	8	...	1	...	3	3	16	44	27	27	20	2	...	1	2	1	17	...	3	22
March .	99,682	3,680	36·9	191	22·56	4	...	1	3	13	...	1	...	2	4	10	41	18	28	18	1	...	...	4	1	15	...	11	16
April .	99,865	4,039	40·4	229	27·90	7	...	...	6	11	...	...	1	6	5	15	34	17	33	28	1	...	1	5	3	10	...	10	36
May . .	100,191	3,875	38·7	237	27·85	21	...	...	6	10	1	...	4	5	5	18	25	26	36	14	1	...	2	6	...	18	1	6	32
June . .	101,420	3,907	38·5	190	22·79	3	...	1	7	4	...	1	15	2	2	18	13	20	44	15	2	...	1	1	...	14	...	12	15
July . .	102,193	4,089	40·0	266	30·65	65	...	3	4	8	...	...	4	4	3	11	18	16	63	15	3	2	5	4	...	11	1	1	25
August .	103,040	4,600	44·6	367	41·94	87	...	3	14	13	...	...	1	6	4	12	22	16	94	28	...	1	2	4	...	27	...	4	29
September.	104,337	4,798	46·0	302	35·22	18	...	...	2	17	...	...	2	7	9	16	24	15	94	30	1	2	3	4	1	19	...	3	35
October .	104,274	4,806	46·1	314	35·46	12	...	1	12	11	...	...	1	8	11	24	33	13	80	28	...	...	1	9	8	22	1	4	35
November.	103,774	4,736	45·6	346	40·57	1	..	1	7	13	...	...	...	7	6	21	51	28	82	38	...	...	2	11	6	30	...	7	35
December .	103,417	4,636	44·8	296	33·70	3	...	1	6	8	1	2	...	13	9	15	51	19	72	23	4	3	...	4	5	14	...	11	32
						233	...	13	79	125*	2	5	28	69†	68*	193	439*	231‡	709†	281*	17	9	21	61†	25	217	3	80§	342‖
						Died per 1,000 of the Average Strength.																							
FOR THE YEAR .	101,965	4,223	41·4	3,250	31·87	2·29	...	·13	·77	1·23	·02	·05	·27	·68	·67	1·89	4·31	2·27	6·95	2·76	·17	·09	·21	·60	·25	2·13	·03	·78	3·35
						Composition of 100 Deaths.																							
						7·2	...	·4	2·9	3·8	·1	·2	·9	2·1	2·1	5·9	13·5	7·1	21·8	8·6	·5	·3	·6	1·9	·8	6·7	·1	2·5	10·5

* Two out of hospital. † One out of hospital. ‡ Three out of hospital. § Thirty-two out of hospital. ‖ Seven out of hospital.

Including the subsidiary Jails, the total figures are:—

Average Strength.	Average constantly sick.	Ratio per 1,000.	Number of Deaths.	Ratio per 1,000.	Number of Admissions.	Ratio per 1,000.
105,732	4,313	40·8	3,340	31·59	112,862	1,067·4

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month. Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
Influenza . . .	733	545	758	1,415	513	28	5	1	19	42	59	63	4,181	41·0	3·81	1·05
Cholera	16	5	6	13	35	7	118	124	26	19	2	4	375	3·7	·34	61·48
Small-pox . . .	1	19	12	4	2	...	...	...	...	...	...	5	43	·4	·04	...
Enteric Fever . . .	1	1	3	...	1	5	10	6	2	2	3	2	36	·4	·03	32·50
Intermittent Fever . .	2,585	2,268	2,337	2,219	2,419	2,630	3,030	3,935	4,917	4,997	4,270	3,007	38,614	378·7	35·16	·20
Remittent Fever . .	102	71	105	124	101	124	151	140	407	228	143	99	1,795	17·6	1·63	6·68
Simple Continued Fever .	56	78	78	114	133	113	137	165	146	188	148	107	1,463	14·3	1·33	·13
Other Fevers . . .	52	56	91	81	55	16	7	16	5	9	1	11	400	3·9	·36	1·22
Heat-stroke . . .	...	...	1	2	15	56	17	2	4	1	1	...	99	1·0	·09	28·00
Nervous Diseases . .	63	47	54	53	55	63	56	55	49	62	75	84	716†	7·0	·65	8·26
Circulatory Diseases .	19	7	12	8	12	6	10	14	19	20	14	18	159	1·6	·14	37·93
Tubercle of the lungs .	48	22	26	30	39	31	29	23	44	34	35	32	393‡	3·9	·36	43·47
Pneumonia . . .	250	148	163	126	93	63	72	76	108	138	175	158	1,570	15·4	1·43	25·48
Other Respiratory Diseases	696	500	378	319	304	278	288	284	335	392	543	605	4,922	48·3	4·48	4·31
Tonsillitis and Sore throat	20	20	23	19	21	18	20	18	11	23	23	22	238	2·3	·22	·82
Dysentery . . .	555	439	601	696	715	845	1,153	1,519	1,025	904	933	964	10,349	101·5	9·42	6·62
Diarrhœa . . .	441	455	637	761	720	788	1,078	1,051	619	584	603	539	8,276	81·2	7·53	3·30
Hepatic { Abscess . .	3	3	1	1	2	3	1	2	...	...	1	4	21	·2	·02	77·27
Hepatic { Congestion and Inflammation .	11	8	10	7	13	9	14	13	10	8	24	9	136	1·3	·12	6·29
Spleen Diseases . .	58	45	54	43	62	66	62	60	48	74	63	100	735	7·2	·67	2·65
Urinary Diseases . .	19	18	20	20	20	18	15	23	29	22	23	14	241	2·4	·22	23·35
Anæmia and Debility .	213	181	157	169	192	204	240	241	283	318	284	749	3,231	31·7	2·94	6·29
Scurvy	24	11	5	7	11	53	22	242	61	196	27	18	677	6·6	·62	3·43
Acute and Chronic Rheumatism	131	94	94	112	105	116	118	136	132	142	139	158	1,477§	14·5	1·34	
Eye Diseases . . .	128	139	204	223	261	182	200	171	172	148	174	140	2,142	21·0	1·95	
Abscess, Ulcer and Boil .	566	622	658	707	723	893	971	832	744	684	644	727	8,771	86·0	7·99	
Other Diseases of the Integuments . . .	319	291	284	272	292	357	338	300	332	322	323	361	3,791	37·2	3·45	
Guinea-worm . . .	9	21	22	36	59	54	64	57	39	26	18	12	417	4·1	·38	
Other Entozoa . . .	27	23	23	18	31	59	60	23	33	39	21	39	396	3·9	·36	
All other Causes . .	1,012	1,015	1,125	1,133	1,270	1,353	1,290	1,216	1,186	1,158	1,181	1,233	14,172	139·0	12·90	
	8,158	7,152	7,942	8,732	8,274	8,438	9,576	10,745	10,805	10,780	9,950	9,284	109,836			2·82
	Admitted per 1,000 per annum.															
	952·3	927·9	938·1	1,063·8	972·3	1,012·2	1,103·3	1,227·8	1,260·0	1,217·2	1,166·6	1,057·0	1,077·2			

* Excluding deaths out of hospital. Neuralgia . . 170=1·7. ‡ Phthisis pulmonalis . . 693=6·8. § Rheumatic fever . . 14=·1

II.

TABLE showing the SICKNESS and MORTALITY among the JAIL POPULATION in the BURMA COAST and BAY ISLANDS Group of Jails during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Phagedæna, Slough and Gangrene.	Injuries and Suicide.	All other Causes.
January .	18,343	982	53·5	49	...	...	...	...	...	6	...	...	...	...	1	1	5	3	6	11	...	1	...	...	...	8	...	3	4
February .	18,285	1,053	57·6	43	...	...	...	...	...	4	...	...	...	...	...	...	1	5	4	12	1	...	...	...	...	10	...	2	4
March .	18,259	891	48·8	55	...	...	...	...	...	5	...	...	...	1	2	2	3	4	10	10	...	...	...	1	...	9	...	4	4
April .	18,346	906	49·4	46	...	3	...	...	...	4	...	...	...	2	3	...	1	7	5	9	...	...	...	...	...	3	...	5	4
May .	18,499	934	50·5	59	...	8	...	...	...	3	1	...	1	...	...	2	1	11	12	4	...	...	...	2	...	8	...	2	4
June .	18,594	1,008	54·2	48	...	...	...	...	...	1	...	...	...	1	1	1	2	5	13	3	1	...	...	1	...	8	...	8	3
July .	18,736	980	52·3	41	...	...	...	2	...	3	...	...	...	1	1	3	2	4	13	3	...	...	...	...	...	2	...	...	7
August .	18,907	958	50·7	47	...	2	...	1	1	9	...	...	...	1	...	1	...	2	11	2	...	...	...	2	...	10	...	3	2
September	19,166	1,029	53·7	52	...	2	...	...	...	10	...	...	...	4	3	1	5	1	11	1	...	...	1	1	...	1	...	3	8
October .	19,207	1,007	52·4	61	...	8	...	...	...	4	...	...	...	2	1	5	5	2	13	2	...	...	...	5	3	1	...	1	9
November	19,297	982	50·9	40	...	...	...	...	...	3	...	...	...	3	1	5	2	4	7	1	...	...	...	3	1	...	...	2	8
December .	19,433	924	47·5	46	...	...	...	...	...	4	1	...	...	5	2	1	2	5	7	2	...	1	...	...	3	4	...	4	5
						23	...	3	1	56*	2	...	1	20	15	22	29*	53†	112	60*	2	2	1	15	7	64	...	37‡	62§
						Died per 1,000 of the Average Strength.																							
For the year	18,758	970	51·7	587	31·29	1·23	...	·16	·05	2·99	·11	...	·05	1·07	·80	1·17	1·55	2·83	5·97	3·20	·11	·11	·05	·80	·37	3·41	...	1·97	3·31
						Composition of 100 Deaths.																							
						3·9	...	·5	·2	9·5	·3	...	·2	3·4	2·6	3·7	4·9	9·0	19·1	10·2	·3	·3	·2	2·6	1·2	10·9	...	6·3	10·6

* Two out of hospital. † Three out of hospital. ‡ Twenty-seven out of hospital. § Five out of hospital.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.				
Influenza . . .	524	150	3	...	...	...	...	...	...	...	...	...	677	36·1	2·92	...
Cholera . . .	...	1	...	7	10	...	...	2	3	16	1	...	40	2·1	·17	57·50
Small-pox . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever . . .	...	...	...	...	...	3	5	...	2	...	...	...	10	·5	·04	23·08
Intermittent Fever . .	749	723	714	706	893	1,110	771	615	592	527	520	481	8,401	447·9	36·27	·01
Remittent Fever . .	58	35	36	55	45	63	66	55	345	166	70	56	1,050	56·0	4·53	5·05
Simple Continued Fever .	1	5	6	4	13	23	39	37	27	47	41	40	283	15·1	1·22	·70
Other Fevers . . .	28	10	5	1	...	...	2	3	2	5	1	1	58	3·1	·25	...
Heat-stroke . . .	...	...	...	...	1	...	...	...	...	...	1	...	2	·1	·01	50·00
Nervous Diseases . .	4	7	8	10	5	8	12	5	11	8	9	12	99†	5·3	·43	11·43
Circulatory Diseases .	2	2	3	4	...	3	4	1	1	1	3	2	26	1·4	·11	53·57
Tubercle of the lungs .	3	5	3	2	2	1	1	3	7	3	6	3	39‡	2·1	·17	51·16
Pneumonia . . .	11	4	9	3	8	2	4	2	20	6	4	4	77	4·1	·33	33·75
Other Respiratory Diseases	129	98	94	72	90	55	73	57	102	81	111	96	1,058	56·4	4·57	4·41
Tonsillitis and Sore throat	1	...	3	2	2	...	1	3	3	1	1	2	19	1·0	·08	...
Dysentery . . .	115	79	100	115	154	189	189	122	102	135	114	165	1,579	84·2	6:82	6·84
Diarrhœa . . .	129	149	166	190	144	149	103	105	69	119	107	147	1,577	84·1	6·81	3·52
Hepatic { Abscess . .	...	1	...	...	...	1	...	...	...	...	...	1	3	·2	·01	66·67
Hepatic { Congestion and Inflammation .	...	...	1	1	...	...	1	...	...	...	3	1	7	·4	·03	25·00
Spleen Diseases . .	3	...	1	1	5	3	5	3	5	2	3	2	33	1·8	·14	2·86
Urinary Diseases . .	1	5	2	1	2	4	2	12	4	4	4	4	45	2·4	·19	30·61
Anæmia and Debility .	46	40	47	54	35	46	58	45	46	36	45	39	537	28·6	2·32	10·77
Scurvy	...	...	...	...	1	...	1	6	19	8	2	7	44	2·3	·19	15·56
Acute and Chronic Rheumatism . . .	45	33	23	34	43	43	39	50	60	43	65	42	520	27·7	2·24	
Eye Diseases . . .	44	43	34	36	27	25	16	36	37	26	40	34	398	21·2	1·72	
Abscess, Ulcer and Boil .	131	164	166	207	145	157	192	178	201	176	172	174	2,063	110·0	8·91	
Other Diseases of the Integuments . . .	61	40	38	41	68	83	97	67	87	88	82	63	815	43·4	3 52	
Guinea-worm . . .	...	...	...	...	1	...	1	...	...	...	...	...	2	·1	·01	
Other Entozoa . .	5	2	...	...	1	3	1	...	1	1	...	2	16	·9	·07	
All other Causes . .	274	272	305	284	291	311	304	302	324	324	355	341	3,687	196·6	15·92	
	2,364	1,868	1,767	1,830	1,986	2,282	1,987	1,709	2,070	1,823	1,760	1,719	23,165			2·27
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	1,234·9			

* Excluding deaths out of hospital. † Neuralgia . . 4=·2. ‡ Phthisis pulmonalis . 93=5·0.

III.

TABLE showing the SICKNESS and MORTALITY among the JAIL POPULATION in the BURMA INLAND Group of Jails during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death. Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Phagedæna, Slough and Gangrene.	Injuries and Suicide.	All other Causes.
January	4,048	99	24·5	9	...	...	...	...	...	...	...	...	...	1	...	2	1	...	1	1	...	...	...	1	...	1	...	...	1
February	4,065	103	25·3	7	...	...	...	1	...	...	...	...	...	1	...	2	2	...	1	...	...	...	...	...	...	...	...	...	...
March	4,162	125	30·0	2	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
April	4,277	138	32·3	5	...	...	...	...	2	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	1
May	4,237	127	30·0	8	...	...	...	...	...	...	...	...	...	...	...	3	1	...	...	1	...	...	...	...	...	...	...	...	3
June	4,252	135	31·7	3	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
July	4,359	175	40·1	16	...	2	...	...	...	...	...	...	...	1	...	3	1	...	7	...	...	...	...	...	...	...	...	...	2
August	4,389	166	37·8	15	...	7	...	...	...	1	...	...	...	...	...	1	2	1	...	2	...	...	...	...	...	...	...	...	1
September	4,376	148	33·8	17	...	11	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	4
October	4,366	142	32·5	10	...	3	...	...	...	...	...	...	...	1	...	2	...	...	1	...	...	...	...	...	...	...	...	...	3
November	4,527	145	32·0	3	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	1
December	4,598	138	30·0	3	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	2	...	1	...	...	...	...	...	...	...
						24	...	2	2	1	...	...	...	4	...	15	9	1	12	7	...	1	...	2	...	1	...	...	17
						Died per 1,000 of the Average Strength.																							
For the year	4,305	137	31·8	98	22·76	5·57	...	·46	·46	·23	...	...	...	·93	...	3·48	2·09	·23	2·79	1·63	...	·23	...	·46	...	·23	...	...	3·95
						Composition of 100 Deaths.																							
						24·5	...	2·0	2·0	1·0	...	...	...	4·1	...	15·3	9·2	1·0	12·2	7·1	...	1·0	...	2·0	...	1·0	...	...	17·3

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month. Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	1	2	11	17	3	...	...	34	7·9	1·08	70·59
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	1	1	...	...	...	...	...	...	...	...	...	2	·5	·06	100·00
Intermittent Fever	55	37	55	90	40	67	64	62	37	108	85	59	759	176·3	24·08	·26
Remittent Fever	3	...	6	3	...	6	3	5	2	2	3	...	33	7·7	1·05	2·86
Simple Continued Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Fevers	...	...	...	...	...	...	1	2	...	...	...	...	3	·7	·10	...
Heat-stroke	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nervous Diseases	3	1	2	...	2	2	1	1	3	3	2	2	22*	5·1	·70	17·39
Circulatory Diseases	1	...	...	...	...	...	...	...	...	...	...	...	1	·2	·03	...
Tubercle of the lungs	7	...	...	4	3	4	8	1	...	4	1	...	32†	7·4	1·02	45·45
Pneumonia	3	5	12	10	5	1	2	5	3	3	1	5	55	12·8	1·74	15·52
Other Respiratory Diseases	3	3	1	7	2	5	8	8	5	6	2	3	53	12·3	1·68	1·82
Tonsillitis and Sore throat	1	1	...	3	...	...	1	1	1	...	...	...	8	1·9	·25	...
Dysentery	23	22	12	25	38	63	72	42	20	30	38	46	431	100·1	13·67	2·64
Diarrhœa	10	4	10	7	12	33	27	39	20	11	21	18	212	49·2	6·73	3·24
Hepatic Abscess	...	...	1	...	...	...	...	...	...	...	...	...	1	·2	·03	...
Hepatic Congestion and Inflammation	...	...	...	...	...	...	...	...	...	...	...	1	1	·2	·03	50·00
Spleen Diseases	...	...	1	...	1	...	1	...	...	...	1	1	5	1·2	·16	...
Urinary Diseases	2	...	1	...	...	...	...	2	...	2	...	1	8	1·9	·25	25·00
Anæmia and Debility	12	3	1	2	7	4	6	3	3	3	3	3	50	11·6	1·59	1·67
Scurvy	...	...	...	...	...	...	...	...	1	...	...	...	1	·2	·03	...
Acute and Chronic Rheumatism	7	1	2	2	5	...	4	...	3	4	1	2	31	7·2	·98	
Eye Diseases	10	14	72	56	67	42	49	20	20	19	13	11	393	91·3	12·47	
Abscess, Ulcer and Boil	20	33	41	37	36	27	38	48	46	40	32	34	432	100·3	13·71	
Other Diseases of the Integuments	12	26	20	3	1	6	5	12	14	16	14	15	144	33·4	4·57	
Guinea-worm	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Other Entozoa	...	...	...	...	...	...	...	...	...	...	...	1	1	·2	·03	
All other Causes	33	40	14	15	26	39	35	30	54	72	48	34	440	102·2	13·96	
	205	191	252	264	245	300	327	292	249	326	265	236	3,152			3·01
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	732·2			

* Neuralgia. . . 2=·5. † Phthisis pulmonalis . . 37=8·6.

IV.

TABLE showing the SICKNESS and MORTALITY among the JAIL POPULATION in the ASSAM Group of Jails during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	CAUSES OF DEATH.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Phagedæna, Slough and Gangrene.	Injuries and Suicide.	All other Causes.
January	1,207	59	48·9	5	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	1	...	...	...	...	...	...
February	1,169	54	46·2	3	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	1	...	...	...	...	...	...
March	1,143	53	46·4	4	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...
April	1,166	59	50·6	3	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...
May	1,242	53	42·7	2	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
June	1,274	69	54·2	3	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
July	1,253	86	68·6	6	...	...	...	...	...	...	...	...	1	...	...	...	...	1	2	...	...	...	...	...	...	1	...	...	1
August	1,217	80	65·7	5	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1	...	...	2
September	1,219	93	76·3	9	...	...	...	...	...	...	...	...	1	...	...	...	...	...	3	2	...	...	...	...	...	2	...	...	1
October	1,242	91	73·3	7	...	...	...	...	2	...	...	...	...	...	...	...	...	...	2	3	...	...	...	...	...	...	...	...	...
November	1,222	89	72·8	14	...	...	...	...	2	...	...	...	...	...	...	...	...	...	2	6	...	...	...	...	...	3	...	...	1
December	1,184	81	68·4	7	...	...	...	...	2	...	...	...	...	...	...	...	1	...	2	...	1	...	...	...	...	...	...	...	1
						...	...	...	9	1	...	...	2	...	...	...	3	3	16	14	1	...	2	...	...	8	...	2*	7
						Died per 1,000 of the Average Strength.																							
For the year	1,211	74	61·1	68	56·15	...	...	...	7·43	·83	...	...	1·65	...	...	...	2·48	2·48	13·21	11·56	·83	...	1·65	...	...	6·61	...	1·65	5·78
						Composition of 100 Deaths.																							
						...	...	...	13·2	1·5	...	...	2·9	...	...	...	4·4	4·4	23·5	20·6	1·5	...	2·9	...	...	11·8	...	2·9	10·3

*One out of hospital.

CAUSES OF ADMISSION.	NUMBER OF ADMISSIONS INTO HOSPITAL IN EACH MONTH.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.				
Influenza	...	...	2	...	...	...	...	...	...	...	...	...	2	1·7	·12	...
Cholera	...	...	...	...	...	1	...	...	...	...	...	...	1	·8	·06	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Intermittent Fever	43	36	28	31	56	75	81	93	117	94	61	54	769	635·0	45·34	1·14
Remittent Fever	1	...	...	1	...	1	1	1	...	1	1	...	7	5·8	·41	12·50
Simple Continued Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Fevers	...	...	...	...	...	...	...	...	...	...	...	1	1	·8	·06	...
Heat-stroke	...	...	...	...	...	...	1	...	1	...	...	...	2	1·7	·12	100·00
Nervous Diseases	1	...	...	...	...	2	1	...	...	...	1	...	5†	4·1	·29	...
Circulatory Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tubercle of the lungs	...	1	...	...	...	...	...	...	...	...	...	...	1‡	·8	·06	...
Pneumonia	1	3	...	...	1	...	...	1	...	1	...	2	9	7·4	·53	33·33
Other Respiratory Diseases	5	3	1	2	3	4	1	3	2	4	5	1	34	28·1	2·00	7·69
Tonsillitis and Sorethroat	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	9	8	16	16	23	30	28	22	22	14	10	16	214	176·7	12·62	7·37
Diarrhœa	4	16	16	29	36	21	18	11	21	21	12	8	213	175·9	12·56	6·45
Hepatic Abscess	...	...	...	...	...	...	...	...	...	...	...	1	1	·8	·06	100·00
Hepatic Congestion and Inflammation	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Spleen Diseases	...	...	2	1	2	2	1	1	1	2	4	1	17	14·0	1·00	9·52
Urinary Diseases	...	...	...	...	...	1	1	...	...	...	...	...	2	1·7	·12	...
Anæmia and Debility	5	3	5	4	5	3	3	1	6	8	8	8	59	48·7	3·48	11·94
Scurvy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute and Chronic Rheumatism	...	...	...	1	...	...	...	...	...	2	...	...	3	2·5	·18	
Eye Diseases	3	1	4	4	...	...	3	2	1	...	1	1	20	16·5	1·18	
Abscess, Ulcer and Boil	13	14	18	16	8	13	19	14	19	6	7	4	151	124·7	8·90	
Other Diseases of the Integuments	2	6	3	11	3	2	3	3	6	3	3	5	50	41·3	2·95	
Guinea-worm	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Other Entozoa	...	...	...	...	1	...	3	1	1	2	...	1	9	7·4	·53	
All other Causes	21	7	7	17	7	14	20	5	7	10	5	6	126	104·0	7·43	
	108	98	102	133	145	169	184	158	204	168	118	109	1,696			3·82
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	1,400·5			

* Excluding deaths out of hospital. † Neuralgia . . none. ‡ Phthisis pulmonalis . . 3=2·5.

V.

TABLE showing the SICKNESS and MORTALITY among the JAIL POPULATION in the BENGAL and ORISSA Group of Jails during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	CAUSES OF DEATH.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Phagedæna, Slough and Gangrene.	Injuries and Suicide.	All other Causes.
January	10,757	424	39·4	50	...	2	...	1	2	...	...	...	...	2	1	8	9	...	13	1	1	...	...	2	...	4	...	...	4
February	10,628	440	41·4	36	...	2	...	...	2	...	...	...	...	...	...	9	6	2	10	2	...	...	...	...	...	2	...	...	1
March	10,269	436	42·5	22	...	1	...	...	1	...	...	...	...	...	...	4	7	2	5	...	...	...	...	...	...	...	...	...	2
April	10,347	464	44·8	29	...	...	...	...	2	1	...	...	1	...	1	6	5	1	3	2	...	...	...	...	...	2	...	...	5
May	10,479	390	37·2	24	...	4	...	...	2	1	...	...	...	...	2	...	3	...	6	1	...	...	1	...	...	...	...	2	2
June	10,589	412	38·9	28	...	1	...	...	3	2	...	...	...	...	...	5	...	1	11	2	...	...	...	...	...	...	...	...	3
July	10,632	489	46·0	27	...	8	...	...	...	1	...	...	...	1	...	1	3	1	7	2	...	...	1	1	...	...	...	1	...
August	10,678	488	45·7	40	...	1	...	1	4	1	...	...	...	2	1	1	2	2	21	...	...	...	...	1	...	...	...	...	3
September	10,789	482	44·7	36	...	...	...	...	...	1	...	...	...	...	3	5	...	2	14	3	...	...	1	...	...	...	...	...	7
October	10,638	482	45·3	35	...	...	...	1	1	1	...	...	...	...	5	3	4	1	10	1	...	...	...	2	...	4	...	...	2
November	10,551	537	50·9	44	...	...	...	...	...	3	...	...	...	1	...	2	6	3	11	2	...	...	...	3	...	11	...	...	2
December	10,262	412	40·1	43	...	3	...	...	2	...	...	1	...	3	1	2	8	3	13	1	...	...	...	1	...	4	...	...	1
						22	...	3	19	11	...	1	1	9	14*	46	53	18	124	17	1	...	3	10	...	27	...	3*	32
						Died per 1,000 of the Average Strength.																							
For the year	10,552	453	42·9	414	39·23	2·08	...	·28	1·80	1·04	...	·09	·09	·85	1·33	4·36	5·02	1·71	11·75	1·61	·09	...	·28	·95	...	2·56	...	·28	3·03
						Composition of 100 Deaths.																							
						5·3	...	·7	4·6	2·7	...	·2	·2	2·2	3·4	11·1	12·8	4·3	30·0	4·1	·2	...	·7	2·4	...	6·5	...	·7	7·7

* One out of hospital.

CAUSES OF ADMISSION.	NUMBER OF ADMISSIONS INTO HOSPITAL IN EACH MONTH.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.				
Influenza	16	97	156	148	1	...	...	...	...	...	...	...	418	39·6	3·44	1·91
Cholera	2	3	3	2	8	2	13	2	...	...	...	4	39	3·7	·32	56·41
Small-pox	...	...	1	...	...	...	...	...	...	...	...	...	1	·1	·01	...
Enteric Fever	1	...	1	...	...	...	...	1	...	1	...	...	4	·4	·03	75·00
Intermittent Fever	248	199	224	191	195	182	348	338	403	424	439	235	3,426	324·7	28·20	·54
Remittent Fever	7	10	23	18	13	6	18	16	6	20	26	10	173	16·4	1·42	6·18
Simple Continued Fever	31	23	24	39	38	45	49	38	51	84	68	36	526	49·8	4·33	...
Other Fevers	10	23	28	19	12	3	1	8	...	...	...	1	105	10·0	·86	·93
Heat-stroke	...	...	...	1	1	...	...	...	...	...	...	...	2	·2	·02	50·00
Nervous Diseases	6	1	6	...	4	5	8	4	...	3	7	9	53†	5·0	·44	15·79
Circulatory Diseases	2	1	2	...	6	1	1	4	7	6	1	2	33	3·1	·27	39·39
Tubercle of the lungs	18	11	6	6	7	12	4	4	9	5	5	5	92‡	8·7	·76	40·00
Pneumonia	31	18	21	13	4	8	15	9	9	14	26	17	185	17·5	1·52	26·63
Other Respiratory Diseases	37	29	31	22	29	38	42	36	32	45	55	51	447	42·4	3·68	3·77
Tonsillitis and Sore throat	3	1	1	2	...	3	1	2	2	2	3	3	23	2·2	·19	3·85
Dysentery	156	129	163	148	170	245	299	317	255	207	251	288	2,628	249·1	21·63	4·53
Diarrhœa	75	69	124	86	89	91	194	106	91	70	69	52	1,116	105·8	9·19	1·49
Hepatic { Abscess	1	...	...	...	...	...	...	...	...	...	...	...	1	·1	·01	100·00
Hepatic { Congestion and Inflammation	1	2	...	...	1	2	1	...	3	...	6	...	16	1·5	·13	...
Spleen Diseases	9	8	14	9	17	16	13	11	4	9	8	6	124	11·8	1·02	2·34
Urinary Diseases	5	...	4	1	1	1	2	2	5	1	4	1	27	2·6	·22	32·26
Anæmia and Debility	15	3	11	10	13	15	11	19	41	81	54	23	296	28·1	2·44	8·85
Scurvy	2	4	2	3	3	31	9	12	6	13	2	5	92	8·7	·76	...
Acute and Chronic Rheumatism	12	7	14	8	2	11	6	18	18	14	8	14	132§	12·5	1·09	
Eye Diseases	13	22	24	17	26	10	12	11	8	6	13	14	176	16·7	1·45	
Abscess, Ulcer and Boil	20	29	33	46	35	37	40	26	30	22	14	27	359	34·0	2·95	
Other Diseases of the Integuments	23	20	26	25	28	21	13	23	21	29	21	19	269	25·5	2·21	
Guinea-worm	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Other Entozoa	1	...	1	1	1	2	2	3	...	...	1	...	12	1·1	·10	
All other Causes	87	79	112	110	128	121	130	163	139	115	102	88	1,374	130·2	11·31	
	832	788	1,055	925	832	908	1,232	1,173	1,140	1,171	1,183	910	12,149			3·27
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	1,151·3			

* Excluding deaths out of hospital. † Neuralgia 11=1·0. ‡ Phthisis pulmonalis . 138=13·1. § Rheumatic fever 1=·1.

JAIL POPULATION OF INDIA, 1894.

VI.

TABLE showing the SICKNESS and MORTALITY among the JAIL POPULATION in the GANGETIC PLAIN and CHUTIA NAGPUR Group of Jails during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	CAUSES OF DEATH. Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Phagedæna, Slough and Gangrene.	Injuries and Suicide.	All other Causes.
January .	23,398	770	32·9	55	...	...	...	...	3	1	...	...	...	1	2	1	9	2	15	7	...	...	2	1	...	3	...	1	7
February .	23,698	769	32·4	40	...	...	...	...	2	1	...	...	...	...	1	...	6	8	5	1	1	...	...	1	...	3	...	...	11
March .	23,972	864	36·0	36	...	...	...	...	...	1	...	...	...	...	1	2	10	3	8	3	...	...	...	1	...	2	...	2	3
April. .	24,231	1,126	46·5	81	...	1	...	...	...	3	...	...	...	2	1	5	16	5	16	10	...	...	...	1	...	3	...	3	15
May . .	24,236	1,049	43·3	82	...	5	...	...	4	4	...	...	1	3	1	4	11	6	13	5	1	...	1	2	...	5	1	2	13
June . .	24,772	1,053	42·5	54	..	...	...	...	2	...	...	...	6	1	...	9	3	7	13	4	...	...	1	...	...	1	...	4	3
July . .	24,816	1,055	42·5	115	...	52	...	1	3	2	...	...	1	...	1	4	4	3	24	6	2	...	4	...	...	4	...	...	4
August .	25,167	1,303	51·8	166	...	77	...	1	8	1	...	...	...	1	...	4	7	5	38	11	...	...	1	...	...	9	...	...	3
September.	25,808	1,296	50·2	108	...	5	...	...	1	2	...	...	1	...	1	3	8	8	46	10	...	...	1	...	1	12	...	...	9
October .	25,600	1,306	51·0	119	...	1	...	...	7	5	...	...	...	2	3	5	12	2	40	13	...	...	...	1	...	12	...	2	14
November.	25,355	1,294	51·0	106	...	...	...	...	3	2	...	...	...	3	3	9	11	6	38	11	...	...	1	1	1	10	...	1	6
December .	25,145	1,481	58·9	87	...	...	...	...	2	3	...	...	...	3	3	4	11	3	31	5	2	1	...	...	...	2	...	6	11
						141	...	2	35	25	...	...	9	16	17	50	108	58	287	86	6	1	11	8	2	66	1	21*	99
						Died per 1,000 of the Average Strength.																							
For the year	24,685	1,116	45·2	1,049	42·50	5·71	...	·08	1·42	1·01	...	...	·36	·65	·69	2·03	4·38	2·35	11·63	3·48	·24	·04	·45	·32	·08	2·67	·04	·85	4·01
						Composition of 100 Deaths.																							
						13·4	...	·2	3·3	2·4	...	...	·9	1·5	1·6	4·8	10·3	5·5	27·4	8·2	·6	·1	1·0	·8	·2	6·3	·1	2·0	9·4

* One out of hospital.

CAUSES OF ADMISSION.	NUMBER OF ADMISSIONS INTO HOSPITAL IN EACH MONTH. Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.	Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
Influenza	58	80	174	724	251	22	3	...	19	42	56	63	1,492	60·4	6·32	1·39
Cholera	...	1	...	1	10	...	100	109	6	...	...	...	227	9·2	·96	62·11
Small-pox	1	3	6	3	1	...	...	...	...	...	...	5	19	·8	·08	...
Enteric Fever	...	...	...	...	...	1	3	2	...	1	2	...	9	·4	·04	22·22
Intermittent Fever	324	292	394	355	273	309	531	666	915	1,139	873	657	6,728	272·6	28·50	·51
Remittent Fever	13	12	13	20	16	31	39	20	19	17	15	14	229	9·3	·97	10·50
Simple Continued Fever	5	9	11	29	24	2	1	17	9	26	...	1	134	5·4	·57	...
Other Fevers	5	4	22	43	21	3	...	1	1	1	...	2	103	4·2	·44	...
Heat-stroke	...	...	1	1	8	11	1	...	3	...	...	...	25	1·0	·11	36·00
Nervous Diseases	21	13	6	13	17	20	9	10	8	12	21	21	171†	6·9	·72	8·94
Circulatory Diseases	6	2	2	1	2	...	1	2	4	4	5	7	36	1·5	·15	40·48
Tubercle of the lungs	3	1	6	10	8	7	6	6	13	8	11	9	88‡	3·6	·37	50·00
Pneumonia	32	31	47	38	22	22	18	28	36	50	44	28	396	16·0	1·68	25·41
Other Respiratory Diseases	110	95	79	70	58	64	53	46	79	88	111	144	997	40·4	4·22	5·38
Tonsillitis and Sore throat	6	8	8	5	5	3	2	3	...	6	3	3	52	2·1	·22	1·92
Dysentery	108	74	165	184	189	186	330	593	332	264	245	233	2,903	117·6	12·30	9·64
Diarrhœa	58	68	124	162	134	143	261	360	160	121	139	111	1,841	74·6	7·80	4·62
Hepatic Abscess	...	1	...	...	2	1	1	...	...	...	1	1	7	·3	·03	85·71
Hepatic Congestion and Inflammation	7	5	5	4	7	4	7	9	1	5	2	1	57	2·3	·24	1·64
Spleen Diseases	13	10	14	18	10	21	19	18	21	24	14	41	223	9·0	·94	4·56
Urinary Diseases	4	3	2	3	4	2	1	1	7	2	2	1	32	1·3	·14	21·62
Anæmia and Debility	36	57	33	29	53	53	66	86	72	93	105	363	1,046	42·4	4·43	6·01
Scurvy	3	2	...	...	...	4	8	11	3	...	2	1	34	1·4	·14	5·41
Acute and Chronic Rheumatism	18	13	19	24	14	23	26	29	16	31	20	37	270§	10·9	1·14	
Eye Diseases	22	18	23	46	54	32	51	23	41	27	36	30	403	16·3	1·71	
Abscess, Ulcer and Boil	131	127	127	125	141	217	188	144	102	124	95	141	1,662	67·3	7·04	
Other Diseases of the Integuments	67	75	62	58	59	77	66	61	50	54	65	133	828	33·5	3·51	
Guinea-worm	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Other Entozoa	15	18	21	12	24	48	47	17	28	35	20	30	315	12·8	1·33	
All other Causes	204	235	271	278	319	347	311	280	257	242	224	315	3,283	133·0	13·91	
	1,270	1,258	1,635	2,256	1,726	1,653	2,149	2,542	2,202	2,416	2,111	2,392	23,610			4·31
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	956·5			

* Excluding deaths out of hospital. † Neuralgia . 37 = 1·5. ‡ Phthisis pulmonalis . 167 = 6·8. § Rheumatic fever . 3 = ·1

VII.

TABLE showing the SICKNESS and MORTALITY among the JAIL POPULATION in the UPPER SUB-HIMALAYAN Group of Jails during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	CAUSES OF DEATH.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Phagedæna, Slough and Gangrene.	Injuries and Suicide.	All other Causes.
January	13,310	438	32·9	30	...	...	...	...	2	1	...	...	...	...	...	1	14	2	5	...	...	...	...	...	...	1	...	1	3
February	13,140	407	31·0	9	...	...	...	...	...	1	...	1	...	...	...	2	1	1	1	1	...	...	...	...	...	1	...	...	...
March	12,872	390	30·3	15	...	...	...	...	...	...	...	1	...	...	...	1	8	...	1	...	...	...	...	1	...	1	...	2	...
April	12,744	447	35·1	13	...	...	...	...	...	1	...	...	...	...	...	1	4	1	1	1	...	...	...	1	...	...	...	...	3
May	12,728	485	38·1	16	...	...	...	...	...	1	...	...	...	...	...	2	5	1	...	1	...	...	...	1	...	1	...	...	4
June	12,846	441	34·3	13	...	...	...	1	...	...	...	...	2	...	...	1	1	2	2	3	...	...	...	...	...	..	...	...	1
July	12,951	442	34·1	17	...	1	...	...	1	1	...	...	...	...	...	...	3	1	3	1	..	1	...	...	...	...	...	...	5
August	13,193	568	43·1	20	...	...	...	...	...	...	...	...	1	1	...	2	3	...	4	4	...	1	...	...	...	1	...	...	3
September	13,453	659	49·0	17	...	...	...	...	...	2	...	...	...	2	...	...	1	1	4	5	...	...	...	...	...	1	...	...	1
October	13,677	641	46·9	21	...	...	...	...	...	...	..	...	...	...	2	3	4	1	4	2	...	...	...	...	...	1	...	1	3
November	13,422	642	47·8	42	...	...	...	...	1	1	...	...	...	...	1	2	14	1	11	6	...	...	...	...	...	...	...	...	5
December	13,373	640	47·9	38	...	...	...	...	...	...	...	1	...	2	1	1	11	2	12	5	1	...	...	...	...	1	...	...	1
						1	...	1	4	8	...	3	3	5	4	16	69	13	48	29	1	2	...	3	...	8	...	4	29
						Died per 1,000 of the Average Strength.																							
For the year	13,142	515	39·2	251	19·10	·08	...	·08	·30	·61	...	·23	·23	·38	·30	1·22	5·25	·99	3·65	2·21	·08	·15	...	·23	...	·61	...	·30	2·21
						Composition of 100 deaths.																							
						·4	...	·4	1·6	3·2	...	1·2	1·2	2·0	1·6	6·4	27·5	5·2	19·1	11·6	·4	·8	...	1·2	...	3·2	...	1·6	11·6

CAUSES OF ADMISSION.	NUMBER OF ADMISSIONS INTO HOSPITAL IN EACH MONTH.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	3	5	32	82	88	6	2	1	...	...	3	...	222	16·9	1·13	2·22
Cholera	...	...	...	...	...	...	1	...	...	...	...	...	1	·1	·01	100·00
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	...	...	...	1	1	2	...	...	...	1	5	·4	·03	20·00
Intermittent Fever	387	406	353	389	462	440	668	1,396	1,731	1,564	1,072	563	9,431	717·6	48·12	·04
Remittent Fever	5	5	4	11	15	6	11	14	16	8	4	6	105	8·0	·54	7·41
Simple Continued Fever	2	4	12	16	24	9	6	5	4	3	1	...	86	6·5	·44	...
Other Fevers	...	1	1	...	1	...	1	...	...	...	...	1	5	·4	·03	60·00
Heat-stroke	...	...	...	...	1	4	...	2	...	...	...	...	7	·5	·04	42·86
Nervous Diseases	14	7	8	4	14	3	11	15	7	9	10	12	114*	8·7	·58	4·24
Circulatory Diseases	...	...	...	...	1	...	...	1	1	3	1	2	9	·7	·05	44·44
Tubercle of the lungs	5	1	2	5	4	2	2	2	2	4	3	4	36†	2·7	·18	42·11
Pneumonia	44	20	31	34	26	17	14	11	8	30	54	42	331	25·2	1·69	18·35
Other Respiratory Diseases	155	104	81	70	42	35	30	32	26	55	113	167	910	69·2	4·64	1·35
Tonsillitis and Sore throat	6	8	3	5	8	6	10	5	3	8	11	11	84	6·4	·43	...
Dysentery	46	39	54	93	45	40	48	109	95	117	136	91	913	69·5	4·66	5·13
Diarrhœa	57	54	64	131	123	179	225	178	89	113	157	126	1,496	113·8	7·63	1·92
Hepatic { Abscess	...	...	...	...	...	...	...	1	...	...	...	1	2	·2	·01	50·00
Hepatic { Congestion and Inflammation	...	...	1	...	1	...	3	2	2	3	8	4	24	1·8	·12	8·33
Spleen Diseases	16	17	7	3	9	7	10	13	6	13	9	21	131	10·0	·67	...
Urinary Diseases	...	1	4	6	6	2	2	3	5	4	1	5	39	3·0	·20	7·50
Anæmia and Debility	33	21	11	16	12	28	19	20	26	23	23	185	417	31·7	2·13	1·82
Scurvy	...	...	...	...	1	...	...	1	...	...	...	1	3	·2	·02	...
Acute and Chronic Rheumatism	18	14	12	5	7	14	13	10	12	11	16	22	154	11·7	·79	
Eye Diseases	10	21	27	35	40	43	44	32	27	30	31	26	366	27·8	1·87	
Abscess, Ulcer and Boil	150	136	130	132	195	222	248	232	151	143	170	186	2,095	159·4	10·69	
Other Diseases of the Integuments	79	70	71	66	78	89	71	45	41	35	54	54	753	57·3	3·84	
Guinea-worm	1	...	...	1	5	3	10	11	11	5	3	...	50	3·8	·26	
Other Entozoa	1	2	...	1	1	1	...	...	1	...	...	3	10	·8	·05	
All other Causes	142	111	141	161	188	165	169	168	119	133	148	155	1,800	137·0	9·18	
	1,174	1,047	1,049	1,266	1,397	1,322	1,619	2,311	2,383	2,314	2,028	1,689	19,599			1·25
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	1,491·3			

* Neuralgia . . 54=4·1. † Phthisis pulmonalis . . 72=5·5.

VIII.

TABLE showing the SICKNESS and MORTALITY among the JAIL POPULATION in the INDUS VALLEY and NORTH WESTERN RAJPUTANA Group of Jails during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Phagedæna, Slough and Gangrene.	Injuries and Suicide.	All other Causes.
January	6,053	211	34·9	34	...	...	...	...	...	1	...	...	...	1	1	...	23	3	2	...	...	...	...	...	...	1	...	1	1
February	5,877	167	28·4	22	...	...	...	...	...	1	...	...	...	1	...	...	18	...	1	...	...	...	...	...	...	...	...	...	1
March	5,744	152	26·5	7	...	...	...	...	...	1	...	...	...	...	...	...	3	1	...	1	...	...	...	...	...	...	...	...	1
April	5,693	147	25·8	6	...	...	...	...	...	1	...	...	...	...	...	...	1	1	...	1	...	...	...	...	1	...	...	1	...
May	5,667	137	24·2	10	...	...	...	...	...	...	...	...	...	2	...	4	2	1	1	...	...	...	...	...	...	...	...	...	...
June	5,659	150	26·5	11	...	...	...	...	...	1	...	...	6	...	...	...	2	1	1	...	...	...	...	...	...	...	...	...	...
July	5,759	180	31·3	4	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
August	5,655	190	33·6	4	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	2
September	5,684	257	45·2	6	...	...	...	...	1	...	...	...	...	...	...	...	3	...	2	...	...	...	...	...	...	...	...	...	...
October	5,805	266	45·8	6	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1	...	...	...	...	...	...	...	...	...	2
November	5,814	250	43·0	10	...	...	...	...	...	...	...	...	...	...	...	...	5	2	1	1	...	...	...	1	...	...	...	...	...
December	5,762	197	34·1	22	...	...	...	...	...	...	...	...	...	...	1	2	10	1	2	1	...	...	...	...	...	...	...	1	4
						...	...	...	1	5	...	...	8	4	2	7	69	11	11*	6	...	...	...	1	1	1	...	3	12
						Died per 1,000 of the Average Strength.																							
For the year	5,765	191	33·1	142	24·63	...	...	...	·17	·87	...	...	1·39	·69	·35	1·21	11·97	1·91	1·91	1·04	...	...	...	·17	·17	·17	...	·52	2·08
						Composition of 100 deaths.																							
						...	...	...	·7	3·5	...	...	5·6	2·8	1·4	4·9	48·6	7·7	7·7	4·2	...	...	...	·7	·7	·7	...	2·1	8·5

* One out of hospital.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza	...	40	31	18	...	...	...	...	...	...	...	...	89	15·4	1·35	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Intermittent Fever	246	126	145	157	159	126	128	253	439	533	445	223	2,980	516·9	45·16	·03
Remittent Fever	4	2	6	6	3	3	1	4	4	1	2	1	37	6·4	·56	12·50
Simple Continued Fever	...	1	2	2	2	7	3	4	1	...	...	...	22	3·8	·33	...
Other Fevers	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Heat-stroke	...	...	...	...	...	37	15	...	...	...	...	...	52	9·0	·79	15·38
Nervous Diseases	3	5	6	6	5	4	3	2	3	5	6	3	51†	8·8	·77	7·55
Circulatory Diseases	1	...	...	...	...	...	...	...	...	1	...	1	3	·5	·05	50·00
Tubercle of the lungs	2	...	2	...	3	...	1	...	1	...	1	2	12‡	2·1	·18	53·85
Pneumonia	74	38	9	6	6	2	3	2	6	11	11	23	191	33·1	2·89	30·53
Other Respiratory Diseases	71	38	26	24	19	14	19	26	18	44	57	44	400	69·4	6·06	2·52
Tonsillitis and Sore throat	1	...	3	...	2	3	2	1	1	2	1	2	18	3·1	·27	...
Dysentery	19	13	27	38	32	11	21	40	50	37	52	44	384	66·6	5·82	·25
Diarrhœa	10	13	33	65	42	71	91	59	48	22	37	15	506	87·8	7·67	1·18
Hepatic Abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Congestion and Inflammation	...	...	...	...	1	1	...	...	...	...	...	...	2	·3	·03	...
Spleen Diseases	1	...	7	2	6	9	3	...	2	4	5	7	46	8·0	·70	...
Urinary Diseases	1	2	1	...	1	3	1	1	2	1	1	...	14	2·4	·21	7·14
Anæmia and Debility	14	8	3	8	5	13	23	13	15	12	10	16	140	24·3	2·12	·70
Scurvy	1	...	2	3	...	...	1	6	4	7	9	2	35	6·1	·53	2·86
Acute and Chronic Rheumatism	5	7	3	9	6	...	5	3	5	7	7	3	60§	10·4	·91	
Eye Diseases	5	4	3	10	12	4	6	7	5	5	6	3	70	12·1	1·06	
Abscess, Ulcer and Boil	20	31	48	44	42	92	105	78	75	49	36	41	661	114·7	10·02	
Other Diseases of the Integuments	5	5	6	9	8	9	19	25	19	5	11	8	129	22·4	1·95	
Guinea-worm	...	...	...	1	2	7	18	20	11	6	4	...	69	12·0	1·05	
Other Entozoa	...	...	...	1	...	...	...	...	...	...	...	1	2	·3	·03	
All other Causes	32	35	48	58	55	79	61	54	65	44	45	50	626	108·6	9·49	
	515	368	411	467	411	495	529	598	774	796	746	489	6,599			2·07
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	1,144·7			

* Excluding deaths out of hospital. † Neuralgia . 17=2·9. ‡ Phthisis pulmonalis . 37=6·4. § Rheumatic fever 2= 4.

IX.

TABLE showing the SICKNESS and MORTALITY among the JAIL POPULATION of the S. E. RAJPUTANA, CENTRAL INDIA and GUJARAT Group of Jails during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death. Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Phagedæna, Slough and Gangrene.	Injuries and Suicide.	All other Causes.
January	4,065	147	36·2	14	...	...	...	...	...	...	...	...	...	...	1	...	6	...	3	...	...	...	...	...	...	1	...	1	2
February	4,081	107	26·2	7	...	...	...	...	...	...	...	...	...	1	...	1	2	1	1	1	...	...	...	...	...	...	...	...	...
March	4,107	120	29·2	12	...	...	...	...	1	...	...	...	...	...	...	1	2	2	1	...	...	...	...	...	...	2	...	1	2
April	4,202	151	35·9	8	...	2	...	...	...	...	...	...	...	...	...	1	2	1	...	...	...	...	...	...	...	...	...	...	2
May	4,251	158	37·2	6	...	1	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	2
June	4,374	102	23·3	7	...	1	...	...	...	...	...	...	1	...	...	2	...	1	1	...	...	...	...	...	...	1	...	...	...
July	4,394	120	27·3	13	...	1	...	...	...	...	...	...	...	...	...	...	2	3	2	1	...	1	...	2	...	1	...	...	...
August	4,382	162	37·0	18	...	...	...	...	...	...	...	...	...	...	...	2	3	1	4	2	...	...	...	...	...	3	...	...	3
September	4,372	162	37·1	20	...	...	...	...	...	...	...	...	...	1	...	4	2	1	4	4	...	1	...	...	...	2	...	...	1
October	4,385	166	37·8	13	...	...	...	...	...	...	...	...	...	1	...	1	3	3	2	1	...	...	1	...	...	1	...	...	...
November	4,229	164	38·8	18	...	...	...	...	..	...	...	...	...	...	...	1	5	...	1	5	...	...	1	...	...	2	...	2	1
December	4,167	188	45·1	14	...	...	...	...	...	...	...	...	...	...	...	3	2	3	3	2	...	...	...	...	...	...	...	...	1
						5	...	...	1	...	...	...	2	3	1	17	29	16	22	16	...	2	2	2	...	14	...	4*	14
						Died per 1,000 of the Average Strength.																							
For the year	4,253	145	34·1	150	35·27	1·18	...	...	·24	...	...	...	·47	·71	·24	4·00	6·82	3·76	5·17	3·76	...	·47	·47	·47	...	3·29	...	·94	3·29
						Composition of 100 deaths.																							
						3·3	...	...	·7	...	...	...	1·3	2·0	·7	11·3	19·3	10·7	14·7	10·7	...	1·3	1·3	1·3	...	9·3	...	2·7	9·3

* One out of hospital.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month. Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.	Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
Influenza	...	...	...	101	155	...	...	...	...	...	...	...	256	60·2	10·75	1·17
Cholera	...	...	...	2	1	1	1	...	...	...	...	...	5	1·2	·21	100·00
Small-pox	...	...	...	1	1	...	...	...	...	...	...	...	2	·5	·08	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Intermittent Fever	45	28	41	34	25	26	54	72	61	121	68	58	633	148·8	26·59	·15
Remittent Fever	3	1	1	2	2	1	1	14	5	5	6	5	46	10·8	1·93	...
Simple Continued Fever	...	1	...	5	1	...	...	1	2	...	...	1	11	2·6	·46	...
Other Fevers	...	...	1	3	7	2	...	...	...	1	...	...	14	3·3	·59	...
Heat-stroke	...	...	...	...	1	1	...	...	...	...	...	...	2	·5	·08	100·00
Nervous Diseases	...	2	...	2	1	3	2	1	3	3	...	2	19†	4·5	·80	14·29
Circulatory Diseases	1	...	...	...	...	...	...	...	...	...	...	...	1	·2	·04	50·00
Tubercle of the lungs	2	1	5	...	7	1	5	5	7	2	4	4	43‡	10·1	1·81	36·17
Pneumonia	23	8	16	12	1	1	7	7	7	6	13	14	115	27·0	4·83	24·37
Other Respiratory Diseases	15	10	16	7	9	6	15	9	8	9	21	17	142	33·4	5·96	9·88
Tonsillitis and Sore throat	...	...	...	...	...	1	...	...	...	...	...	...	1	·2	·04	...
Dysentery	10	5	13	8	9	3	34	65	40	10	11	11	219	51·5	9·20	9·78
Diarrhœa	7	5	7	4	10	10	9	35	11	10	11	12	131	30·8	5·50	11·35
Hepatic. Abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic. Congestion and Inflammation	...	...	1	...	...	...	1	...	1	...	...	...	3	·7	·13	66·67
Spleen Diseases	1	1	1	...	1	2	3	2	...	4	5	8	28	6·6	1·18	6·45
Urinary Diseases	...	1	...	...	1	2	2	...	...	1	...	...	7	1·6	·29	28·57
Anæmia and Debility	6	14	12	8	9	4	6	12	21	16	12	85	205	48·2	8·61	6·01
Scurvy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute and Chronic Rheumatism	2	1	2	...	5	2	...	3	...	3	...	4	22§	5·2	·92	
Eye Diseases	5	3	8	2	4	2	2	7	4	8	5	1	51	12·0	2·14	
Abscess, Ulcer and Boil	6	15	8	6	9	9	21	12	10	9	17	15	137	32·2	5·75	
Other Diseases of the Integuments	3	2	3	2	2	6	5	7	3	3	1	2	39	9·2	1·64	
Guinea-worm	...	...	...	...	1	3	6	2	1	2	...	...	15	3·5	·63	
Other Entozoa	...	...	...	...	...	1	...	...	...	1	...	...	2	·5	·08	
All other Causes	12	17	28	12	16	26	17	17	17	20	21	29	232	54·5	9·74	
	141	115	163	211	278	113	191	271	201	234	195	268	2,381			5·89
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	559·8			

* Excluding deaths out of hospital. † Neuralgia . . 9=2·1 ‡ Phthisis pulmonalis . 56=13·2. § Rheumatic fever . 1=·2.

X.

TABLE showing the SICKNESS and MORTALITY among the JAIL POPULATION of the DECCAN Group of Jails during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Phagedæna, Slough and Gangrene.	Injuries and Suicide.	All other Causes.
January .	8,803	342	38·8	29	...	...	...	...	...	...	...	...	...	...	..	1	11	3	6	1	1	...	...	2	...	...	...	1	3
February .	8,714	343	39·4	20	...	...	...	...	...	...	...	...	...	...	1	1	4	6	1	...	...	...	...	1	1	1	...	1	3
March .	8,477	362	42·7	18	...	1	...	...	...	3	...	...	...	1	1	...	2	4	1	2	1	...	...	...	1	...	...	...	1
April .	8,468	310	36·6	21	...	...	...	...	1	...	...	...	...	...	...	...	3	1	5	1	...	...	1	2	2	1	...	...	4
May . .	8,541	261	30·6	20	...	2	...	...	...	...	...	...	1	...	2	...	1	5	3	1	...	...	...	1	...	1	...	...	3
June . .	8,600	260	30·2	12	...	...	...	...	1	...	...	1	...	...	...	...	1	2	2	2	1	...	...	...	...	1	...	...	1
July . .	8,569	276	32·2	9	...	1	...	...	...	...	...	...	...	...	...	...	1	1	2	1	...	...	...	1	...	...	...	...	2
August .	8,663	406	46·9	21	...	...	...	...	...	...	...	...	...	1	2	...	2	4	5	3	...	...	1	...	...	...	...	...	3
September	8,778	372	42·4	16	...	...	...	...	...	...	...	...	...	...	1	1	3	1	4	2	1	...	...	2	...	...	...	...	1
October .	8,780	411	46·8	23	...	...	...	...	...	...	...	...	1	...	...	...	1	2	4	4	...	...	...	1	5	3	1	...	1
November .	8,853	333	37·6	35	...	1	...	1	...	...	...	...	...	...	...	...	5	8	5	4	...	...	...	2	2	1	...	2	4
December .	8,923	277	31·0	19	...	...	...	...	...	...	...	...	...	...	..	...	4	2	...	3	...	...	...	2	2	2	...	...	4
						5	...	1	2	3	...	1	2	2	7	3	38	39	38	24	4	...	2	14*	13	10	1	4*	30†
						Died per 1,000 of the Average Strength.																							
For the year	8,680	330	38·0	243	28·00	·58	...	·12	·23	·35	...	·12	·23	·23	·81	·35	4·38	4·49	4·38	2·76	·46	...	·23	1·61	1·50	1·15	·12	·46	3·46
						Composition of 100 deaths.																							
						2·1	...	·4	·8	1·2	...	·4	·8	·8	2·9	1·2	15·6	16·0	15·6	9·9	1·6	...	·8	5·8	5·3	4·1	·4	1·6	12·3

* One out of hospital. † Two out of hospital.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.				
Influenza . . .	10	127	318	129	6	...	...	...	...	...	...	...	590	68·0	6·27	1·01
Cholera	...	...	1	...	5	2	1	...	...	...	1	...	10	1·2	·11	50·00
Small-pox . . .	...	15	5	...	...	...	...	...	...	...	...	...	20	2·3	·21	...
Enteric Fever . . .	...	...	...	...	...	...	1	1	...	...	1	...	3	·3	·03	25·00
Intermittent Fever . .	319	270	259	186	192	136	237	297	421	331	445	371	3,464	399·1	36·82	·05
Remittent Fever . .	3	...	10	5	2	1	...	2	...	1	7	...	31	3·6	·33	9·68
Simple Continued Fever .	1	17	10	2	9	10	12	20	7	9	8	3	108	12·4	1·15	...
Other Fevers . . .	...	...	9	8	5	3	...	...	...	...	...	1	26	3·0	·28	3·85
Heat-stroke . . .	...	...	...	...	2	2	...	...	...	1	...	...	5	·6	·05	33·33
Nervous Diseases . .	8	5	12	7	3	11	4	10	9	11	8	14	102†	11·8	1·08	1·89
Circulatory Diseases. .	2	...	2	1	3	...	...	5	2	1	1	1	18	2·1	·19	36·84
Tubercle of the lungs .	1	1	...	...	...	...	...	1	...	...	...	1	4‡	·5	·04	75·00
Pneumonia . . .	23	13	9	7	12	2	4	9	14	9	11	16	129	14·9	1·37	28·15
Other Respiratory Diseases	121	89	33	22	30	17	18	39	20	25	39	46	499	57·5	5·30	7·22
Tonsillitis and Sore throat	1	2	4	2	3	...	3	1	...	1	1	...	18	2·1	·19	...
Dysentery . . .	21	23	17	35	21	25	55	110	45	35	34	32	453	52·2	4·82	8·21
Diarrhœa . . .	31	51	58	50	76	37	84	64	48	45	28	34	606	69·8	6·44	3·90
Hepatic { Abscess . .	1	1	...	...	...	1	...	1	...	...	...	...	4	·5	·04	100·00
Hepatic { Congestion and Inflammation.	1	...	1	1	1	...	1	...	1	...	5	1	12	1·4	·13	...
Spleen Diseases . .	9	7	3	3	5	4	4	10	5	13	9	4	76	8·8	·81	2·60
Urinary Diseases . .	4	4	...	4	2	1	1	1	2	2	7	2	30	3·5	·32	41·94
Anæmia and Debility .	8	12	13	12	12	10	9	14	13	15	10	8	136	15·7	1·45	6·76
Scurvy	18	4	1	1	6	17	3	205	27	168	11	2	463	53·3	4·92	2·58
Acute and Chronic Rheumatism . . .	15	12	6	19	13	13	17	13	10	16	14	15	163	18·8	1·73	
Eye Diseases . . .	8	2	5	11	23	12	13	27	15	9	24	17	166	19·1	1·76	
Abscess, Ulcer and Boil .	32	34	47	40	50	65	59	59	56	62	57	57	618	71·2	6·57	
Other Diseases of the Integuments . . .	28	22	24	37	22	41	37	36	58	62	38	35	440	50·7	4·68	
Guinea-worm . . .	4	6	7	12	14	16	5	9	8	4	4	2	91	10·5	·97	
Other Entozoa . .	...	...	1	2	1	1	...	...	...	...	...	...	5	·6	·05	
All other Causes . .	92	113	88	84	105	92	80	79	83	88	106	107	1,117	128·7	11·87	
	761	830	943	680	623	519	648	1,013	844	908	869	769	9,407			2·46
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	1,083·8			

* Excluding deaths out of hospital. † Neuralgia 20=2·3. ‡ Phthisis pulmonalis 35=4·0.

XI.

TABLE showing the SICKNESS and MORTALITY among the JAIL POPULATION of the WESTERN COAST Group of Jails during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	CAUSES OF DEATH.																							
						Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Phagedæna, Slough and Gangrene.	Injuries and Suicide.	All other Causes.
January	2,305	79	34·3	6	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	1	...	...	...	...	...	...	...	...	2
February	2,345	79	33·7	6	...	...	...	...	1	...	...	...	...	...	...	1	1	1	1	1	...	...	...	...	...	...	...	...	...
March	2,365	79	33·4	4	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
April	2,231	83	37·2	4	...	1	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
May	2,252	80	35·5	3	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
June	2,359	79	33·5	6	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	...	...	...	...	...	...	2	...	...	1
July	2 428	102	42·0	5	...	...	...	...	...	...	...	...	...	1	...	...	...	...	2	...	...	...	...	...	...	...	1	...	1
August	2,456	95	38·7	9	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	1	...	...	...	1	...	...	...	...	4
September	2,410	98	40·7	4	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1	...	...	...	...	1
October	2,392	91	38·0	7	...	...	...	...	1	1	...	...	...	...	...	1	1	1	1	1	...	...	...	...	...	...	...	...	...
November	2,383	82	34·4	17	...	...	...	...	1	3	...	...	...	...	1	...	1	4	1	2	...	...	...	...	2	1	...	...	1
December	2,337	83	35·5	5	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	1	...	...	1
						3	...	...	3	5	...	...	...	2	4*	3	6	9	8	9	...	1	...	2	2	4	1	...	14
						Died per 1,000 of the Average Strength.																							
For the year	2,355	86	36·5	76	32·27	1·27	...	...	1·27	2·12	...	...	...	·85	1·70	1·27	2·55	3·82	3·40	3·82	...	·42	...	·85	·85	1·70	·42	...	5·94
						Composition of 100 deaths.																							
						3·9	...	...	3·9	6·6	...	...	...	2·6	5·3	3·9	7·9	11·8	10·5	11·8	...	1·3	...	2·6	2·6	5·3	1·3	...	18·4

* One out of hospital.

CAUSES OF ADMISSION.	NUMBER OF ADMISSIONS INTO HOSPITAL IN EACH MONTH.												Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.				
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	1	1	1	...	...	...	...	...	...	...	3	1·3	·16	100·00
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Intermittent Fever	23	37	25	16	25	42	53	44	26	21	37	43	392	166·5	20·44	·75
Remittent Fever	1	2	3	...	2	2	9	6	2	4	7	3	41	17·4	2·14	12·20
Simple Continued Fever	4	2	1	4	10	5	22	23	21	5	4	2	103	43·7	5·37	...
Other Fevers	...	1	...	...	1	1	...	...	...	...	...	...	3	1·3	·16	...
Heat-stroke	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nervous Diseases	...	...	1	5	1	2	2	1	1	1	3	...	17†	7·2	·89	10·53
Circulatory Diseases	2	2	2	1	...	2	3	1	...	4	2	2	21	8·9	1·09	13·64
Tubercle of the lungs	3	...	...	1	...	...	...	...	1	1	...	1	7‡	3·0	·36	37·50
Pneumonia	1	1	1	1	...	3	1	...	2	2	3	3	18	7·6	·94	33·33
Other Respiratory Diseases	7	8	4	6	2	7	7	5	21	8	5	12	92	39·1	4·80	9·28
Tonsillitis and Sore throat	1	...	...	...	...	1	...	...	1	...	1	...	4	1·7	·21	...
Dysentery	5	5	3	5	4	16	32	29	16	14	9	4	142	60·3	7·40	5·30
Diarrhœa	6	2	6	3	4	5	11	21	13	9	8	2	90	38·2	4·69	9·38
Hepatic Abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Congestion and Inflammation	2	...	1	...	...	2	...	2	1	...	...	1	9	3·8	·47	11·11
Spleen Diseases	1	...	1	2	1	...	1	...	...	...	3	2	11	4·7	·57	...
Urinary Diseases	1	2	1	...	...	1	2	1	3	...	...	...	11	4·7	·57	18·18
Anæmia and Debility	4	2	5	3	5	3	9	6	4	6	1	5	53	22·5	2·76	7·02
Scurvy	...	1	...	...	...	...	...	1	1	...	...	...	3	1·3	·16	66·67
Acute and Chronic Rheumatism	4	2	5	1	4	4	...	1	3	2	1	4	31§	13·2	1·62	
Eye Diseases	1	6	...	2	2	3	1	3	6	4	5	...	33	14·0	1·72	
Abscess, Ulcer and Boil	17	10	16	27	21	20	18	20	17	17	8	15	206	87·5	10·74	
Other Diseases of the Integuments	28	17	17	10	11	9	10	12	12	12	10	12	160	67·9	8·34	
Guinea-worm	...	5	2	4	7	5	4	...	3	2	1	3	36	15·3	1·88	
Other Entozoa	5	1	...	1	...	3	6	...	1	...	...	...	17	7·2	·89	
All other Causes	31	37	36	39	36	53	59	35	31	22	22	14	415	176·2	21·64	
	147	143	131	132	137	189	250	211	185	134	130	128	1,918			3·78
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	814·4			

* Excluding deaths out of hospital. † Neuralgia . 2=·8. ‡ Phthisis pulmonalis . 16=6·8. § Rheumatic fever . 1=·4

XII.

TABLE showing the SICKNESS and MORTALITY among the JAIL POPULATION of the SOUTHERN INDIA Group of Jails during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death. Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Phagedæna, Slough and Gangrene.	Injuries and Suicide.	All other Causes.
January	7,780	202	26·0	25	...	8	...	...	...	...	...	...	...	1	...	2	5	...	2	2	...	...	...	1	...	1	...	...	3
February	7,723	207	26·8	11	...	...	...	...	...	1	...	...	...	...	1	...	2	2	2	1	...	...	...	...	...	...	...	...	2
March	7,541	195	25·9	15	...	1	...	...	...	1	...	...	...	...	...	...	5	2	1	1	..	...	...	1	...	1	...	...	2
April	7,350	184	25·0	12	...	...	...	...	...	1	...	...	...	1	...	2	1	...	2	2	1	...	...	...	...	1	...	1	...
May	7,247	172	23·7	5	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	1	...	...	...	...	...	1	...	...	...
June	7,262	167	23·0	4	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	1	...	...	...	...	...	...	...	...	...
July	7,439	160	21·5	8	...	...	...	...	..	...	...	...	...	...	1	...	2	1	...	...	1	...	...	...	...	1	...	...	2
August	7,491	150	20·0	6	...	...	...	...	1	...	...	...	...	..	...	1	1	1	1	...	...	...	...	...	...	...	...	...	1
September	7,464	169	22·6	9	...	...	...	...	...	2	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	1	...	...	2
October	7,354	173	23·5	9	...	...	...	...	1	...	...	...	...	2	...	3	2	...	1	...	...	...	...	...	...	...	...	...	...
November	7,291	193	26·5	12	...	...	...	...	...	1	...	...	...	..	...	1	1	...	2	...	...	...	...	1	...	1	...	...	5
December	7,409	193	26·0	9	...	...	...	...	...	1	...	...	...	...	1	2	...	...	1	...	...	...	...	1	...	...	...	...	3
						9	...	...	2	7	...	...	...	4*	4	14	22	8	13	8	2	...	...	4	...	7	...	1	20
						Died per 1,000 of the Average Strength.																							
For the year	7,445	181	24·3	125	16·79	1·21	...	...	·27	·94	...	...	...	·54	·54	1·88	2·95	1·07	1·75	1·07	·27	...	...	·54	...	·94	...	·13	2·69
						Composition of 100 deaths.																							
						7·2	...	...	1·6	5·6	...	...	...	3·2	3·2	11·2	17·6	6·4	10·4	6·4	1·6	...	...	3·2	...	5·6	...	·8	16·0

* One out of hospital.

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month. Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.*
Influenza	122	33	42	213	12	...	...	...	...	...	...	...	422	56·7	8·04	·24
Cholera	14	...	1	...	...	...	...	...	...	...	...	...	15	2·0	·29	47·37
Small-pox	...	1	...	...	...	...	...	...	...	...	...	...	1	·1	·02	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Intermittent Fever	120	96	84	46	68	83	62	70	115	96	175	228	1,243	167·0	23·69	·16
Remittent Fever	4	2	3	2	1	2	1	1	6	1	2	3	28	3·8	·53	24·14
Simple Continued Fever	12	16	12	12	12	11	5	15	19	14	26	24	178	23·9	3·39	...
Other Fevers	9	17	25	7	7	3	2	2	2	2	...	4	80	10·7	1·52	...
Heat-stroke	...	...	...	...	1	1	...	...	...	...	...	...	2	·3	·04	...
Nervous Diseases	3	6	5	6	3	3	3	5	3	6	7	8	58†	7·8	1·11	6·45
Circulatory Diseases	2	...	1	1	...	...	1	...	4	...	1	1	11	1·5	·21	28·57
Tubercle of the lungs	4	1	2	2	5	4	2	1	4	7	4	3	39‡	5·2	·74	33·33
Pneumonia	7	7	8	2	5	5	4	2	2	4	6	3	55	7·4	1·05	37·29
Other Respiratory Diseases	40	17	11	16	19	28	21	20	20	24	21	22	259	34·8	4·94	2·93
Tonsillitis and Sore throat	...	...	1	...	...	...	...	1	...	2	...	1	5	·7	·10	...
Dysentery	41	40	27	19	16	29	37	39	43	33	27	33	384	51·6	7·32	3·27
Diarrhœa	54	23	29	33	37	37	32	56	40	35	13	12	401	53·9	7·64	1·97
Hepatic { Abscess	1	...	...	1	...	...	...	...	...	...	...	...	2	·3	·04	66·67
Hepatic { Congestion and Inflammation	...	1	...	...	1	...	...	...	1	...	...	...	3	·4	·06	...
Spleen Diseases	4	2	3	2	3	2	1	1	3	2	1	6	30	4·0	·57	...
Urinary Diseases	1	...	4	5	3	1	1	...	1	4	4	...	24	3·2	·46	16·00
Anæmia and Debility	32	18	15	20	33	25	25	17	32	23	11	12	263	35·3	5·01	2·55
Scurvy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute and Chronic Rheumatism	3	3	8	9	5	6	7	8	4	6	5	15	79§	10·6	1·51	
Eye Diseases	7	4	3	4	6	8	2	3	8	13	...	3	61	8·2	1·16	
Abscess, Ulcer and Boil	19	24	18	23	32	25	36	20	33	33	32	27	322	43·3	6·14	
Other Diseases of the Integuments	9	5	13	10	12	12	11	7	21	13	23	15	151	20·3	2·88	
Guinea-worm	4	10	13	18	29	20	20	15	5	7	6	7	154	20·7	2·93	
Other Entozoa	...	...	...	...	2	...	1	...	1	...	...	1	5	·7	·10	
All other Causes	77	63	70	62	88	89	98	75	82	81	100	88	973	130·7	18·54	
	589	389	398	513	400	394	372	358	449	406	464	516	5,248			2·31
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	704·9			

* Excluding deaths out of hospital. † Neuralgia . 10 = 1·3. ‡ Phthisis pulmonalis . 57 = 7·7. § Rheumatic fever . 6 = ·8.

XIII.

TABLE showing the SICKNESS and MORTALITY among the JAIL POPULATION of the HILL Group of Jails during the year 1894, and the prevalence of the principal diseases in each Month of the year.

MONTHS.	Average Strength.	Average Constantly sick.	Constantly sick per 1,000 of strength.	Number of Deaths.	Died per 1,000 per annum.	Causes of Death. Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Phagedæna, Slough and Gangrene.	Injuries and Suicide.	All other Causes.
January	737	16	21·7	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
February	692	15	21·7	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
March	720	12	16·7	1	...	...	...	..	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
April	754	22	29·2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
May	759	27	35·6	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...
June	783	28	35·8	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
July	800	22	27·5	4	...	...	...	...	...	1	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	...	...	...
August	779	32	41·1	16	...	...	...	...	...	1	...	...	...	...	...	...	...	...	7	2	...	...	...	...	...	3	...	1	2
September	757	30	39·6	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	2	...	...	...	...	...	...	...	...	...
October	756	26	34·4	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	1
November	765	24	31·4	5	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	..	...	1	...	...	1
December	747	21	28·1	3	...	...	...	1	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...
						...	...	1	...	3	...	...	...	...	...	...	3	2	18	5	...	...	...	...	...	6	...	1	6
						Died per 1,000 of the Average Strength.																							
For the year	755	23	30·5	45	59·60	...	...	1·32	...	3·97	...	...	...	...	...	...	3·97	2·65	23·84	6·62	...	...	...	...	...	7·95	...	1·32	7·95
						Composition of 100 deaths.																							
						...	...	2·2	...	6·7	...	...	...	...	...	...	6·7	4·4	40·0	11·1	...	...	...	...	...	13·3	...	2·2	13·3

CAUSES OF ADMISSION.	Number of Admissions into Hospital in each Month. Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total admitted during the year.	Admitted per 1,000 of strength.	Composition of 100 admissions.	Died out of each 100 cases treated.
Influenza	...	13	...	...	...	...	...	...	...	...	...	...	13	17·2	1·52	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	1	...	1	...	...	...	...	...	...	1	3	4·0	·35	33·33
Intermittent Fever	23	17	14	15	25	32	30	25	56	38	42	31	348	460·9	40·75	...
Remittent Fever	...	2	...	1	2	2	1	2	1	2	...	1	14	18·5	1·64	20·00
Simple Continued Fever	...	...	...	1	...	1	...	5	5	...	...	...	12	15·9	1·41	...
Other Fevers	...	...	...	...	1	...	...	...	...	...	...	...	1	1·3	·12	...
Heat-stroke	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nervous Diseases	...	...	...	...	...	...	...	1	1	1	1	1	5†	6·6	·59	...
Circulatory Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tubercle of the lungs	...	...	...	...	...	...	...	...	...	...	...	...	... ‡	...	...	...
Pneumonia	...	...	...	...	3	...	...	...	...	1	2	1	7	9·3	·82	33·33
Other Respiratory Diseases	3	6	1	1	1	5	1	3	2	2	3	2	30	39·7	3·51	6·25
Tonsillitis and Sore throat	...	...	...	...	1	1	...	1	...	1	2	...	6	7·9	·70	...
Dysentery	2	2	4	10	14	8	8	30	5	8	6	1	98	129·8	11·48	18·00
Diarrhœa	...	1	...	1	12	12	23	17	9	7	1	2	85	112·6	9·95	5·88
Hepatic Abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Congestion and Inflammation	...	...	...	1	1	...	...	...	...	...	...	...	2	2·6	·23	...
Spleen Diseases	1	...	...	2	2	...	1	1	1	1	1	1	11	14·6	1·29	...
Urinary Diseases	...	...	1	...	...	...	...	...	...	1	...	...	2	2·6	·23	...
Anæmia and Debility	2	...	1	2	3	...	4	4	4	2	2	2	26	34·4	3·04	21·43
Scurvy	...	...	...	...	...	1	...	...	...	...	1	...	2	2·6	·23	...
Acute and Chronic Rheumatism	2	1	...	...	1	...	1	1	...	2	2	...	10	13·2	1·17	
Eye Diseases	...	1	1	...	...	1	1	...	...	1	...	...	5	6·6	·59	
Abscess, Ulcer and Boil	7	5	6	4	9	9	7	1	4	3	4	6	65	86·1	7·61	
Other Diseases of the Integuments	2	1	1	...	...	2	1	1	...	2	1	...	11	14·6	1·29	
Guinea-worm	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Other Entozoa	...	...	...	...	...	...	...	2	...	...	...	...	2	2·6	23	
All other Causes	7	6	5	13	11	17	6	7	6	7	5	6	96	127·2	11·24	
	49	55	35	51	87	91	84	101	94	79	73	55	854			5·14
	Admitted per 1,000 per annum.															
	...	...	...	...	...	...	...	...	...	...	...	...	1,131·1			

† Neuralgia . 4 = 5·3.

‡ Phthisis pulmonalis . 1 = 1·3.

XIV.

COMPARATIVE STATEMENT of the RATIOS of SICKNESS and MORTALITY in the various GROUPS of JAILS of INDIA.

	RATIO PER 1,000 OF THE AVERAGE STRENGTH.												
	I. Burma Coast and Bay Islands.	II. Burma Inland.	III. Assam.	IV. Bengal and Orissa.	V. Gangetic Plain and Chutia Nagpur.	VI. Upper Sub-Himalayan.	VII. Indus Valley and N.-W. Rajputana.	VIII. S. E. Rajputana, Central India and Gujarat.	IX. Deccan.	X. Western Coast.	XI. Southern India.	XII. Hills.	India.
I.—STRENGTH	18,758	4,305	1,211	10,552	24,685	13,142	5,765	4,253	8,680	2,355	7,445	755	101,965
II.—CONSTANTLY-SICK-RATE OF EACH MONTH—													
January	53·5	24·5	48·9	39·4	32·9	32·9	34·9	36·2	38·8	34·3	26·0	21·7	37·4
February	57·6	25·3	46·2	41·4	34·4	31·0	28·4	26·2	39·4	33·7	26·8	21·7	37·3
March	48·8	30·0	46·4	42·5	36·0	30·3	26·5	29·2	42·7	33·4	25·9	16·7	36·9
April	49·4	32·3	50·6	44·8	46·5	35·1	25·8	35·9	36·6	37·2	25·0	29·2	40·4
May	50·5	30·0	42·7	37·2	43·3	38·1	24·2	37·2	30·6	35·5	23·7	35·6	38·7
June	54·2	31·7	54·2	38·9	42·5	34·3	26·5	23·3	30·2	33·5	23·0	35·8	38·5
July	52·3	40·1	68·6	46·0	42·5	34·1	31·3	27·3	32·2	42·0	21·5	27·5	40·0
August	50·7	37·8	65·7	45·7	51·8	43·1	33·6	37·0	46·9	38·7	20.0	41·1	44·6
September	53·7	33·8	76·3	44·7	50·2	49·0	45·2	37·1	42·4	40·7	22·6	39·6	46·0
October	52·4	32·5	73·3	45·3	51·0	46·9	45·8	37·8	46·8	38·0	23·5	34·4	46·1
November	50·9	32·0	72·8	50·9	51·0	47·8	43·0	38·8	37·6	34·4	26·5	31·4	45·6
December	47·5	30·0	68·4	40·1	58·9	47·9	34·1	45·1	31·0	35·5	26·0	28·1	44·8
OF THE YEAR	51·7	31·8	61·1	42·9	45·2	39·2	33·1	34·1	38·0	36·5	24·3	30·5	41·4
III.—COMPOSITION OF THE ADMISSION-RATE OF THE YEAR—													
Influenza	36·1	...	1·7	39·6	60·4	16·9	15·4	60·2	68·0	...	56·7	17·2	41·0
Cholera	2·1	7·9	·8	3·7	9·2	·1	...	1·2	1·2	1·3	2·0	...	3·7
Small-pox	...	...	...	·1	·8	...	...	·5	2·3	...	·1	...	·4
Enteric Fever	·5	·5	...	·4	·4	·4	...	...	·3	...	...	4·0	·4
Intermittent Fever	447·9	176·3	635·0	324·7	272·6	717·6	516·9	148·8	399·1	166·5	167·0	460·9	378·7
Remittent Fever	56·0	7·7	5·8	16·4	9·3	8·0	6·4	10·8	3·6	17·4	3·8	18·5	17·6
Simple Continued Fever	15·1	...	...	49·8	5·4	6·5	3·8	2·6	12·4	43·7	23·9	15·9	14·3
Other Fevers	3·1	·7	·8	10·0	4·2	·4	...	3·3	3·0	1·3	10·7	1·3	3·9
Heat-stroke	·1	...	1·7	·2	1·0	·5	9·0	·5	·6	...	·3	...	1·0
Nervous Diseases	5·3	5·1	4·1	5·0	6·9	8·7	8·8	4·5	11·8	7·2	7·8	6·6	7·0
Circulatory Diseases	1·4	·2	...	3·1	1·5	·7	·5	·2	2·1	8·9	1·5	...	1·6
Tubercle of the lungs	2·1	7·4	·8	8·7	3·6	2·7	2·1	10·1	·5	3·0	5·2	...	3·9
Pneumonia	4·1	12·8	7·4	17·5	16·0	25·2	33·1	27·0	14·9	7·6	7·4	9·3	15·4
Other Respiratory Diseases	56·4	12·3	28·1	42·4	40·4	69·2	69·4	33·4	57·5	39·1	34·8	39·7	48·3
Tonsillitis and Sore throat	1·0	1·9	...	2·2	2·1	6·4	3·1	·2	2·1	1·7	·7	7·9	2·3
Dysentery	84·2	100·1	176·7	249·1	117·6	69·5	66·6	51·5	52·2	60·3	51·6	129·8	101·5
Diarrhœa	84·1	49·2	175·9	105·8	74·6	113·8	87·8	30·8	69·8	38·2	53·9	112·6	81·2
Hepatic Abscess	·2	·2	·8	·1	·3	·2	...	...	·5	...	·3	...	·2
Hepatic Congestion and Inflammation	·4	·2	...	1·5	2·3	1·8	·3	·7	1·4	3·8	·4	2·6	1·3
Spleen Diseases	1·8	1·2	14·0	11·8	9·0	10·0	8·0	6·6	8·8	4·7	4·0	14·6	7·2
Urinary Diseases	2·4	1·9	1·7	2·6	1·3	3·0	2·4	1·6	3·5	4·7	3·2	2·6	2·4
Anæmia and Debility	28·6	11·6	48·7	28·1	42·4	31·7	24·3	48·2	15·7	22·5	35·3	34·4	31·7
Scurvy	2·3	·2	...	8·7	1·4	·2	6·1	...	53·3	1·3	...	2·6	6·6
Acute and Chronic Rheumatism	27·7	7·2	2·5	12·5	10·9	11·7	10·4	5·2	18·8	13·2	10·6	13·2	14·5
Eye Diseases	21·2	91·3	16·5	16·7	16·3	27·8	12·1	12·0	19·1	14·0	8·2	6·6	21·0
Abscess, Ulcer and Boil	110·0	100·3	124·7	34·0	67·3	159·4	114·7	32·2	71·2	87·5	43·3	86·1	86·0
Other Diseases of the Integuments	43·4	33·4	41·3	25·5	33·5	57·3	22·4	9·2	50·7	67·9	20·3	14·6	37·2
Guinea-worm	·1	...	...	...	...	3·8	12·0	3·5	10·5	15·3	20·7	...	4·1
Other Entozoa	·9	·2	7·4	1·1	12·8	·8	·3	·5	·6	7·2	·7	2·6	3·9
All Other Causes	196·6	102·2	104·0	130·2	133·0	137.0	108·6	54·5	128·7	176·2	130·7	127·2	139·0
ALL CAUSES	1,234·9	732·2	1,400·5	1,151·3	956·5	1,491·3	1,144·7	559·8	1,083·8	814·4	704·9	1,131·1	1,077·2
IV.—COMPOSITION OF THE DEATH-RATE OF THE YEAR—													
Cholera	1·23	5·57	...	2·08	5·71	·08	...	1·18	·58	1.27	1·21	...	2·29
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	·16	·46	...	·28	·08	·08	...	...	·12	...	...	1·32	·13
Intermittent Fever	·05	·46	7·43	1·80	1·42	·30	·17	·24	·23	1·27	·27	...	·77
Remittent Fever	2·99	·23	·83	1·04	1·01	·61	·87	...	·35	2·12	·94	3·97	1·23
Simple Continued Fever	·11	...	...	...	...	...	...	...	...	...	...	...	·02
Other Fevers	...	...	...	·09	...	·23	...	...	·12	...	...	...	·05
Heat-stroke	·05	...	1·65	·09	·36	·23	1·39	·47	·23	...	...	...	·27
Nervous Diseases	1·07	·93	...	·85	·65	·38	·69	·71	·23	·85	·54	...	·68
Circulatory Diseases	·80	...	...	1·33	·69	·30	·35	·24	·81	1·70	·54	...	·67
Tubercle of the lungs	1·17	3·48	...	4·36	2·03	1·22	1·21	4·00	·35	1·27	1·88	...	1·89
Pneumonia	1·55	2·09	2·48	5·02	4·38	5·25	11·97	6·82	4·38	2·55	2·95	3·97	4·31
Other Respiratory Diseases	2·83	·23	2·48	1·71	2·35	·99	1·91	3·76	4·49	3·82	1·07	2·65	2·27
Dysentery	5·97	2·79	13·21	11·75	11·63	3·65	1·91	5·17	4·38	3·40	1·75	23·84	6·95
Diarrhœa	3·20	1·63	11·56	1·61	3·48	2·21	1·04	3·76	2·76	3·82	1·07	6·62	2·76
Hepatic Abscess	·11	...	·83	·09	·24	·08	...	...	·46	...	·27	...	·17
Hepatic Congestion and Inflammation	·11	·23	...	...	·04	·15	...	·47	...	·42	...	...	·09
Spleen Diseases	·05	...	1·65	·28	·45	...	...	·47	·23	...	...	...	·21
Urinary Diseases	·80	.46	...	·95	·32	·23	·17	·47	1·61	·85	·54	...	·60
Scurvy	·37	...	...	...	·08	...	·17	...	1·50	·85	...	...	·25
Anæmia and Debility	3·41	·23	6·61	2·56	2·67	·61	·17	3·29	1·15	1·70	·94	7·95	2·13
Phagedæna, Slough and Gangrene	...	...	...	...	·04	...	...	...	·12	·42	...	...	·03
Injuries and Suicide	1·97	...	1·65	·28	·85	·30	·52	·94	·46	...	·13	1·32	·78
All Other Causes	3·31	3·95	5·78	3·03	4·01	2·21	2·08	3·29	3·46	5·94	2·69	7·95	3·35
ALL CAUSES	31·29	22·70	56·15	39·23	42·50	19·10	24·63	35·27	28·00	32·27	16·79	59·60	31·87
	Died out of each hundred cases treated.												
V.—FATALITY—													
Cholera	57·50	70·59	...	56·41	62·11	100·00	...	100·00	50·00	100·00	47·37	...	61·48
Enteric Fever	23·08	100·00	...	75·00	22·22	20·00	...	...	25·00	...	...	33·33	32·50
Remittent Fever	5·05	2·86	12·50	6·18	10·50	7·41	12·50	...	9·68	12·20	24·14	20·00	6·68
Simple Continued Fever	·70	...	...	...	...	...	...	...	...	...	...	...	·13
Heat-stroke	50·00	...	100·00	50·00	36·00	42·86	15·38	100·00	33·33	...	...	...	28·00
Tubercle of the lungs	51·16	45·45	...	40·00	50·00	42·11	53·85	36·17	75·00	37·50	33·33	...	43·47
Pneumonia	33·75	15·52	33·33	26·63	25·41	18·35	30·53	24·37	28·15	33·33	37·29	33·33	25·48
Other Respiratory Diseases	4·41	1·82	7·69	3·77	5·38	1·35	2·52	9·88	7·22	9·28	2·93	6·25	4·31
Dysentery	6·84	2·64	7·37	4·53	9·64	5·13	·25	9·78	8·21	5·30	3·27	18·00	6·62
Hepatic Abscess	66·67	...	100·00	100·00	85·71	50·00	...	...	100·00	...	66·67	...	77·27
Hepatic Congestion and Inflammation	25·00	50·00	...	...	1·64	8·33	...	66·67	...	11·11	...	...	6·29

XV.

COMPARATIVE STATEMENT of the RATIOS of SICKNESS and MORTALITY in the DIFFERENT ADMINISTRATIVE AREAS of INDIA.

	RATIOS PER 1,000 OF THE AVERAGE STRENGTH.										
	An-damans.	Burma.	Assam.	Bengal.	N.-W. P. and Oudh.	Punjab.	Bombay.	Berar.	Central Pro-vinces.	Madras.	India.
I.—STRENGTH	10,419	12,644	1,263	16,514	27,735	11,308	7,256	1,367	4,503	8,556	101,965
II.—CONSTANTLY-SICK-RATE OF EACH MONTH—											
January	55·9	41·3	47·7	34·4	35·6	34·5	33·0	64·5	29·9	26·4	37·4
February	61·4	42·9	45·2	35·4	33·9	30·0	31·8	45·8	35·0	27·7	37·3
March	51·8	39·5	45·6	39·0	35·7	28·5	33·3	50·5	35·7	27·2	36·9
April	53·2	40·0	49·8	46·4	43·9	31·8	26·1	36·9	37·0	27·7	40·4
May	57·9	37·0	43·3	44·5	40·0	33·8	26·7	38·0	23·6	26·1	38·7
June	62·2	39·9	53·2	41·0	38·1	35·2	26·2	46·1	20·8	25·6	38·5
July	56·5	44·8	66·3	48·5	36·4	37·2	27·2	40·3	28·1	26·2	40·0
August	53·6	44·1	64·9	51·5	44·3	48·0	28·0	101·5	36·6	25·7	44·6
September	53·5	47·3	73·8	48·5	46·3	54·4	32·1	73·6	35·1	28·2	46·0
October	52·1	46·2	71·6	45·1	48·9	52·7	31·8	37·8	57·1	27·1	46·1
November	51·9	43·8	71·3	49·0	49·0	49·8	37·6	30·3	38·4	27·5	45·6
December	46·3	42·6	66·2	40·8	59·6	41·8	33·7	24·8	30·8	26·2	44·8
OF THE YEAR	54·7	42·5	60·2	43·7	42·8	39·7	30·6	49·7	34·0	26·9	41·4
INCLUDING SUBSIDIARY JAILS	...	...	56·8	42·8	43·2	39·5	29·0	...	...	24·9	40·8
III.—COMPOSITION OF THE ADMISSION-RATE OF THE YEAR—											
Influenza	65·0	...	1·6	60·6	49·0	11·6	9·1	106·1	84·2	49·3	41·0
Cholera	...	5·9	·8	7·6	5·1	...	2·1	...	·4	1·8	3·7
Small-pox	...	...	...	·1	·8	...	...	·7	4·2	·1	·4
Enteric Fever	...	·9	...	·2	·3	·7	·1	...	·4	...	·4
Intermittent Fever	669·7	172·6	618·4	336·3	256·8	899·9	314·5	366·5	330·0	161·5	378·7
Remittent Fever	26·1	64·1	5·5	18·7	5·4	8·1	9·2	2·2	4·7	5·0	17·6
Simple Continued Fever	·1	22·3	...	38·7	1·7	7·5	4·0	43·2	7·3	32·3	14·3
Other Fevers	·2	4·7	·8	9·7	2·2	·3	·8	1·5	5·1	9·6	3·9
Heat-stroke	...	·2	1·6	·2	1·0	4·5	·7	...	1·1	·2	1·0
Nervous Diseases	4·7	5·7	4·0	4·4	7·0	11·5	12·0	8·7	5·8	7·7	7·0
Circulatory Diseases	·7	1·6	...	2·4	1·2	·6	1·8	2·2	2·4	2·9	1·6
Tubercle of the lungs	...	5·6	·8	7·4	3·9	3·2	1·1	...	·7	4·9	3·9
Pneumonia	1·4	9·3	7·1	14·4	20·5	22·1	27·4	17·5	17·3	7·1	15·4
Other Respiratory Diseases	86·1	16·9	27·7	37·3	41·9	79·6	54·0	101·7	54·4	36·1	48·3
Tonsillitis and Sore throat	·7	1·6	...	2·8	1·5	8·0	2·1	4·4	·4	·7	2·3
Dysentery	75·9	96·4	175·0	250·7	65·7	84·0	48·4	32·9	66·0	57·4	101·5
Diarrhœa	87·4	69·4	173·4	121·7	50·7	142·1	68·9	36·6	51·3	52·2	81·2
Hepatic { Abscess	·2	·2	·8	·2	·2	·1	·1	·7	·4	·2	·2
Hepatic { Congestion and Inflammation	·1	·6	...	1·1	2·3	1·5	1·5	1·5	1·1	1·3	1·3
Spleen Diseases	2·6	·9	14·3	10·5	8·5	11·8	4·1	8·0	11·8	4·0	7·2
Urinary Diseases	·3	4·0	1·6	2·2	1·3	3·5	2·6	6·6	2·7	3·9	2·4
Anæmia and Debility	42·2	11·6	48·3	26·3	49·8	22·8	12·0	24·9	16·2	36·6	31·7
Scurvy	...	3·6	...	7·4	·1	1·1	4·3	183·6	46·4	·1	6·6
Acute and Chronic Rheumatism	37·9	12·3	3·2	12·2	10·4	10·7	16·1	30·0	10·2	12·2	14·5
Eye Diseases	18·6	47·2	15·8	15·3	20·2	20·8	13·0	22·7	17·3	9·1	21·0
Abscess, Ulcer and Boil	91·3	122·1	121·1	42·8	74·0	187·1	50·7	58·5	68·6	53·5	86·0
Other Diseases of the Integuments	33·6	48·2	40·4	23·8	34·0	57·5	53·5	50·5	28·2	23·4	37·2
Guinea-worm	·2	...	...	...	·2	10·2	14·9	14·6	2·2	18·0	4·1
Other Entozoa	·3	1·1	7·9	15·0	3·0	·4	1·4	1·5	...	2·1	3·9
All other Causes	217·5	147·2	103·7	122·1	128·3	142·5	97·6	198·2	110·1	141·8	139·0
ALL CAUSES	1,462·8	876·0	1,373·7	1,192·3	847 4	1,753·9	828·0	1,325·5	951·1	735·2	1,077·2
INCLUDING SUBSIDIARY JAILS	...	...	1,406·4	1,198·9	869·3	1,747·9	810·4	...	...	627·4	1,067·4
IV.—COMPOSITION OF THE DEATH-RATE OF THE YEAR—											
Cholera	...	3·72	...	4·42	3·32	...	1·38	...	·44	1·05	2·29
Small-pox	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	·40	...	·18	·07	·18	...	...	·22	...	·13
Intermittent Fever	...	·24	7·13	1·57	1·12	·18	·41	...	...	·58	·77
Remittent Fever	4·42	·87	·79	1·39	·61	·80	·83	·73	·44	1·05	1·23
Simple Continued Fever	...	·16	...	...	...	...	...	...	...	...	·02
Other Fevers	...	...	...	·06	·04	·18	...	...	·22	...	·05
Heat-stroke	...	·08	1·58	·12	·43	·62	·28	...	·44	...	·27
Nervous Diseases	·29	1·66	...	·73	·54	·80	·41	...	·22	·58	·68
Circulatory Diseases	·19	1·03	...	1·03	·50	·44	·69	...	1·33	·70	·67
Tubercle of the lungs	...	2·93	...	4·18	1·80	1·50	·41	...	·44	1·75	1·89
Pneumonia	1·15	2·06	2·38	4·48	4·65	5·66	10·20	7·32	4·00	2·81	4·31
Other Respiratory Diseases	4·13	·87	2·38	2·06	1·95	1·24	4·96	5·85	4·22	1·05	2·27
Dysentery	5·28	5·46	13·46	16·41	6·38	2·92	2·76	3·66	6·44	3·74	6·95
Diarrhœa	4·13	1·90	11·88	3·39	2·88	·97	3·17	1·46	3·55	1·29	2·76
Hepatic { Abscess	·10	·08	·79	·18	·14	·09	·14	·73	·44	·23	·17
Hepatic { Congestion and Inflammation	·10	·16	...	...	·07	·18	·28	...	...	...	·09
Spleen Diseases	·10	...	1·58	·42	·29	...	·14	...	·44	...	·21
Urinary Diseases	...	1·34	...	·73	·32	·18	1·10	1·46	1·33	·58	·60
Scurvy	...	·55	...	·12	...	...	·41	3·66	1·78	...	·25
Anæmia and Debility	5·57	·55	7·13	2·48	2·38	·27	1·93	·73	1·33	1·40	2·13
Phagedæna, Slough and Gangrene	...	...	...	...	·04	...	·14	...	...	...	·03
Injuries and Suicide	2·78	·63	1·58	·30	·87	·53	·41	...	·44	·12	·78
All other Causes	2·50	4·19	6·33	3·33	3·75	1·95	3·17	2·19	4·00	3·51	3·35
ALL CAUSES	30·71	28·87	57·01	47·60	32·16	18·66	33·21	27·80	31·76	20·45	31·87
INCLUDING SUBSIDIARY JAILS	...	...	50·80	47·11	32·26	18·52	32·08	...	...	19·85	31·59
	Died out of each hundred cases.										
V.—FATALITY—											
Cholera	...	63·51	...	57·94	64·79	...	66·67	...	100·00	47·37	61·48
Enteric Fever	...	33·33	...	75·00	22·22	25·00	...	...	50·00	...	32·50
Remittent Fever	15·88	1·33	12·50	7·23	10·90	9·57	8·33	33·33	9·52	20·00	6·68
Simple Continued Fever	...	·71	...	...	...	...	...	...	...	...	·13
Heat-stroke	...	50·00	100·00	50·00	42·86	13·73	40·00	...	40·00	...	28·00
Tubercle of the lungs	...	48·68	...	46·94	40·00	44·74	30·00	...	66·67	33·33	43·47
Pneumonia	66·67	21·14	33·33	28·91	20·84	21·55	34·74	40·00	22·22	36·92	25·48
Other Respiratory Diseases	4·18	4·78	7·50	5·17	4·27	1·44	8·80	5·37	7·01	2·76	4·31
Dysentery	6·63	5·46	7·59	6·33	9·42	3·41	5·57	10·64	9·57	6·25	6·62
Hepatic { Abscess	50·00	50·00	100·00	100·00	66·67	100·00	100·00	100·00	100·00	66·67	77·27
Hepatic { Congestion and Inflammation	100·00	25·00	...	...	2·99	11·76	18·18	...	...	...	6·29

II.—STATISTICS OF INDIVIDUAL JAILS.

XVI.

TABLE showing the GENERAL STATISTICS of SICKNESS and MORTALITY in each JAIL OF INDIA, and the AVERAGE NUMBER CONSTANTLY SICK in each MONTH.

JAILS.	Average Annual Strength.	Average Number Constantly Sick per 1,000 of Average Strength in each Month.												Constantly sick per 1,000 of strength.	Admitted per 1,000 strength.	Died per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.			
GROUP I—																
Akyab	318	11·3	14·4	10·8	19·4	46·9	31·7	39·3	39·8	36·8	30·5	41·1	32·0	31·4	905·7	97·48
Kyaukpyu	165	5·7	11·5	11·4	6·0	5·9	5·3	11·2	29·4	32·7	53·3	26·8	23·4	18·2	630·3	78·79
Sandoway	61	35·7	40·0	37·7	27·0	73·7	46·2	33·3	17·2	16·7	34·5	37·0	68·2	32·8	1,491·8	16·39
Henzada	345	9·7	3·3	15·4	15·3	16·1	12·2	5·8	11·2	9·9	7·6	18·8	11·1	11·6	275·4	17·39
Bassein	1,104	13·5	13·3	19·2	19·0	21·1	25·3	25·8	30·9	23·1	32·6	27·8	38·9	24·5	632·2	17·21
Maubin	324	9·5	12·8	3·1	6·1	3·5	7·3	12·9	16·1	15·6	11·8	21·4	17·6	12·3	194·4	27·78
Rangoon, Europeans	31	83·3	125·0	75·0	55·6	81·1	85·7	50·0	27·8	32·3	37·0	47·6	111·1	64·5	1,096·8	32·26
,, Natives	2,443	85·2	94·6	87·0	86·9	57·9	58·5	62·9	68·5	95·2	87·1	81·6	79·9	78·6	1,508·8	31·52
Insein	2,011	67·3	63·5	38·3	38·8	54·0	59·7	64·6	56·8	59·2	62·3	59·7	56·1	59·2	894·6	29·34
Moulmein	831	21·5	31·2	32·0	30·9	25·1	35·0	38·2	33·1	29·5	21·3	19·9	21·7	27·7	805·1	45·73
Tavoy	110	...	9·8	18·3	18·2	...	9·3	9·3	17·4	16·7	8·5	9·3	9·3	9·1	272·7	36·36
Mergui	28	80·0	58·8	125·0	66·7	58·8	54·1	41·7	117·6	50·0	38·5	30·3	...	71·4	1,178·6	...
Toungoo	365	24·3	15·6	12·2	15·1	12·0	16·8	22·5	17·0	16·4	13·7	6·7	8·1	13·7	356·2	13·70
Shwegyin	203	74·9	36·5	20·5	20·1	38·3	72·9	66·3	51·8	39·4	52·4	51·4	51·9	49·3	1,004·9	19·70
Port Blair	10,419	55·9	61·4	51·8	53·2	57·9	62·2	56·5	53·6	53·5	52·1	51·9	46·3	54·7	1,462·8	30·71
GROUP II—																
Thayetmyo	1,190	17·7	23·4	32·0	33·5	22·9	29·2	34·7	29·0	27·7	34·9	24·2	16·7	27·7	934·5	14·29
Myingyan	945	17·1	17·7	21·1	26·0	24·0	25·2	36·9	36·3	30·8	28·9	29·6	26·1	26·5	522·8	22·22
Myanaung	80	40·0	48·2	59·5	65·8	55·6	64·5	29·0	14·5	15·6	22·7	9·1	38·8	37·5	825·0	25·00
Monywa	79	13·7	14·5	29·9	41·1	61·7	65·2	33·3	23·5	25·0	24·7	38·0	36·6	38·0	645·6	...
Pakôkku	72	...	12·8	26·0	...	...	...	...	...	16·1	12·0	12·5	17·9	13·9	263·9	...
Yeu (For 5 months)	8	...	90·9	...	45·5	83·3	...	...	...	...	...	...	...	45·5	1,375·0	...
Yamêthin	106	34·2	17·1	21·1	29·4	30·3	19·4	21·1	30·3	26·5	27·0	9·0	17·4	28·3	773·6	...
Taungdwingyi	50	...	24·4	27·0	25·6	22·2	...	58·8	56·6	17·2	33·3	44·8	17·9	20·0	760·0	...
Pagan	62	170·7	230·8	264·2	265·3	285·7	180·3	250·0	240·0	157·9	109·6	94·6	78·9	177·4	1,096·8	193·55
Minbu	105	20·6	22·0	29·1	16·9	17·5	29·7	33·0	10·2	17·9	18·2	18·7	26·8	19·0	523·8	19·05
Magwe	143	...	8·9	9·1	18·5	11·1	19·4	11·4	17·1	10·9	10·9	11·1	5·6	7·0	223·8	6·99
Mandalay	1,000	35·4	27·8	32·2	30·6	30·9	32·5	43·9	46·9	43·6	36·8	48·8	50·4	39·0	781·0	31·00
Shwebo	124	15·6	15·7	19·2	32·6	60·6	34·5	32·5	23·1	35·7	40·8	35·0	28·0	32·3	798·4	24·19
Bhamo	64	40·8	...	...	16·9	14·5	...	12·3	24·7	30·3	16·4	...	...	15·6	187·5	78·12
Meiktila	120	41·0	31·0	23·6	25·2	34·2	42·7	75·0	53·1	46·3	28·3	30·8	37·3	41·7	816·7	16·67
Katha	72	...	14·1	14·1	28·2	44·8	32·3	55·6	44·1	46·9	34·5	33·7	27·0	27·8	833·3	...
Kindat	69	74·6	31·7	...	22·2	33·0	58·0	29·4	15·6	15·9	30·8	33·3	17·5	29·0	739·1	28·99
Prome (For 2 months)	16	...	...	...	...	...	...	...	...	...	...	43·5	35·1	37·5	1,437·5	...
GROUP III—																
Sylhet	553	39·4	47·8	47·6	46·5	46·8	61·2	70·5	67·8	80·8	82·6	84·5	80·1	63·3	1,276·7	45·21
Cachar (Silchar)	71	40·5	37·5	45·5	42·1	45·5	35·7	17·2	34·5	74·1	70·2	17·5	15·6	42·3	943·7	28·17
Gauhati	105	60·2	57·5	60·0	77·8	51·0	61·2	96·8	72·2	55·6	56·0	34·5	29·0	57·1	1,000·0	38·10
Tezpur	287	61·4	34·8	49·3	56·3	33·3	38·2	63·8	58·6	88·3	67·1	94·7	87·0	62·5	1,767·3	86·81
Sibsagar	78	12·7	12·0	13·9	40·0	23·3	52·6	61·7	65·8	58·8	51·3	13·2	41·7	38·5	961·5	38·46
Dibrugarh	65	17·5	16·7	...	17·2	15·4	51·7	48·4	62·5	37·0	80·0	70·4	63·5	46·2	1,630·8	107·69
Dhubri	12	...	...	76·9	...	...	...	...	90·9	66·7	55·6	71·4	71·4	83·3	1,833·3	...
Nowgong	40	183·7	192·3	95·2	102·6	125·0	114·3	151·5	129·0	111·1	81·1	102·6	69·8	125·0	2,650·0	50·00
GROUP IV—																
Presidency, Europeans	35	30·3	19·2	21·3	28·6	...	55·6	34·5	37·0	34·5	58·8	28·6	...	28·6	942·9	...
,, Natives	1,238	30·3	33·4	30·5	31·3	25·5	32·9	37·6	46·3	44·3	35·3	37·7	41·8	35·5	601·1	28·27
Alipore	1,720	38·9	55·3	45·6	46·8	41·8	39·6	39·5	44·3	41·1	40·5	42·7	41·1	43·0	1,166·3	37·21
Baraset	90	44·8	46·2	59·7	54·1	58·8	49·0	36·0	50·5	54·5	55·0	32·3	10·2	44·4	3,133·3	55·56
Jessore	242	36·5	28·0	75·8	69·0	57·4	94·8	76·9	60·4	51·2	53·7	89·7	63·6	62·0	1,843·0	33·06
Khulna	42	27·8	24·4	19·6	23·8	20·4	...	18·9	24·4	31·2	60·6	47·6	...	23·8	738·1	...
Palamow (Daltongunge)	46	23·8	28·6	...	22·7	37·0	19·2	40·0	20·4	18·9	32·8	22·2	31·2	21·7	1,130·4	173·91
Krishnagar (Nadia)	156	18·0	18·9	42·9	38·5	41·1	24·4	31·9	21·5	45·7	55·6	48·4	43·8	32·1	974·4	12·82
Murshidabad (Berhampore)	239	43·5	49·5	61·1	52·2	42·2	44·2	76·0	61·1	76·0	74·8	45·5	68·7	58·6	2,012·6	8·37
Hooghly	398	18·6	23·4	27·2	31·5	22·4	16·7	32·0	24·0	24·5	9·8	16·8	10·3	20·1	685·9	30·15
Burdwan	222	74·3	34·7	37·9	43·1	52·6	49·5	70·8	43·9	34·0	42·6	52·4	43·3	49·5	982·0	72·07
Malda	64	58·0	53·3	70·4	29·9	64·5	65·6	29·9	70·2	181·8	163·6	142·9	127·3	78·1	3,578·1	15·62
Purnea	155	28·0	29·9	52·2	35·5	12·4	12·3	59·2	54·1	62·9	87·5	96·3	71·4	51·6	2,025·8	58·06
Jalpaiguri	82	37·0	33·3	35·7	40·0	80·5	50·6	46·0	84·5	27·4	58·8	50·6	36·6	48·8	1,341·5	73·17
Dinajpur	147	43·5	104·3	92·6	69·8	106·7	70·5	70·1	58·1	62·9	50·8	57·8	64·9	68·0	2,530·6	40·82
Rangpur	133	52·2	25·9	28·6	26·8	30·3	31·5	53·1	54·7	51·9	83·3	111·1	85·1	52·6	2,052·6	52·63
Rajshahi	675	15·9	9·7	28·9	21·7	10·9	11·0	12·4	16·9	24·1	14·7	10·6	12·0	16·3	389·6	20·74
Bogra	121	49·4	60·6	62·5	43·5	58·0	31·7	55·2	65·8	82·2	49·6	67·8	75·9	57·9	1,677·7	16·53
Mymensingh	332	57·2	52·0	57·2	64·3	60·9	39·6	28·2	33·6	41·1	56·9	65·1	61·1	51·2	1,126·5	39·16
Pabna	134	35·0	44·0	50·6	37·0	39·7	20·8	35·2	37·6	40·0	31·2	46·7	47·1	37·3	1,806·0	29·85
Faridpur	353	15·7	16·0	28·5	26·4	24·1	27·1	32·2	25·4	30·2	31·9	33·7	31·2	25·5	889·5	14·16
Backergunge (Barisal)	432	56·0	53·3	61·4	61·2	57·6	65·0	80·0	86·9	60·9	63·3	72·0	57·0	64·8	1,502·3	50·93
Noakhali	99	24·1	32·3	20·0	27·3	27·3	28·6	37·4	58·8	47·1	48·8	38·1	27·5	30·3	899·0	10·10
Chittagong	159	7·8	15·9	29·0	21·7	17·2	20·6	18·0	27·3	16·4	11·8	24·0	20·7	18·9	710·7	12·58
Tippera (Comilla)	127	7·2	7·5	8·7	...	...	7·6	15·2	22·4	30·1	36·7	63·1	97·3	23·6	598·4	39·37
Dacca	1,124	41·3	44·4	48·5	43·2	44·2	63·3	67·6	67·2	63·3	75·3	113·1	55·9	61·4	1,165·5	54·27
Cuttack	280	6·5	18·9	23·3	8·4	8·0	21·6	29·3	25·6	25·5	20·1	17·1	7·7	17·9	642·9	28·57
Puri	95	11·2	11·8	12·3	12·0	11·5	18·0	19·0	8·8	...	...	10·4	9·9	10·5	378·9	63·16
Balasore	128	16·9	22·9	14·6	14·5	13·8	7·4	6·8	16·0	16·4	16·9	18·0	18·0	15·6	453·1	117·19
Midnapore	807	103·8	88·0	61·6	97·1	40·9	36·6	58·2	41·7	41·6	44·8	37·9	25·9	57·0	1,210·7	52·04
Bankura	309	36·1	43·2	47·5	92·9	69·7	81·0	79·7	37·2	41·7	39·6	36·0	8·8	51·8	1,718·4	35·60
Purulia (Manbhum)	118	6·5	6·6	...	...	...	...	10·1	9·1	9·3	11·9	15·4	8·4	8·5	898·3	33·90
Suri (Birbhum)	168	35·5	30·1	36·2	79·3	30·7	30·3	59·4	79·2	58·5	56·3	50·3	45·5	53·6	1,970·2	47·62
Naya Dumka	82	28·3	25·0	46·2	73·2	57·5	50·0	88·6	131·0	113·4	104·7	52·6	31·7	73·2	1,914·6	121·95

XVI—*continued.*

TABLE showing the GENERAL STATISTICS of SICKNESS and MORTALITY in each JAIL of INDIA, and the AVERAGE NUMBER CONSTANTLY SICK in each MONTH.

JAILS.	Average Annual Strength.	Average Number constantly sick per 1,000 of Average Strength in each month.												Constantly sick per 1,000 of strength.	Admitted per 1,000 of strength.	Died per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.			
GROUP V—																
Monghyr	299	14·2	24·8	21·1	30·0	26·3	51·1	61·0	56·4	53·7	45·5	39·3	37·7	40·1	1,097·0	50·17
Bhagalpur	1,302	26·0	23·9	48·3	68·1	136·0	66·1	66·8	83·3	65·1	46·0	42·5	42·8	59·1	1,384·0	47·62
Chaibassa (Singhbhum)	151	56·0	67·7	73·8	129·4	47·0	60·0	63·4	107·1	62·9	52·6	52·6	43·2	66·2	2,106·0	264·90
Ranchi (Lohardaga)	192	20·0	34·9	23·1	48·6	18·4	14·6	16·4	31·6	35·2	18·3	42·3	23·7	26·0	718·7	41·67
Hazaribagh	560	12·0	17·9	37·6	66·5	46·9	35·1	40·8	34·5	40·2	33·0	34·6	41·2	37·5	1,201·8	71·43
Gaya	425	26·8	30·8	32·3	30·3	39·3	54·2	71·1	89·6	56·6	47·2	59·0	70·5	49·4	2,030·6	70·59
Patna (Bankipore)	307	41·8	33·0	32·7	56·7	35·3	42·8	59·9	79·1	89·2	51·6	58·8	61·2	55·4	1,859·9	45·60
Arrah (Shahabad)	250	20·7	25·6	16·5	31·7	41·4	27·0	30·2	50·8	57·7	56·4	48·8	33·8	36·0	992·0	60·00
Buxar	1,082	22·5	15·0	16·7	31·4	27·1	31·9	45·4	51·8	45·3	29·7	42·9	27·6	32·3	793·0	43·44
Champarun (Motihari)	326	18·4	22·6	16·0	36·4	34·2	34·2	41·5	48·9	56·3	77·2	61·0	53·6	42·9	1,254·6	82·82
Muzaffarpur	400	14·1	15·5	22·8	22·1	22·3	20·4	27·5	37·8	42·3	41·0	37·2	39·9	30·0	592·5	50·00
Darbhanga	312	32·2	36·7	26·9	29·4	69·2	44·6	50·5	51·9	39·3	22·7	36·7	31·0	38·5	977·6	76·92
Chapra (Saran)	294	65·3	34·6	66·9	76·0	50·8	65·8	85·5	83·3	84·1	104·9	70·7	66·9	74·8	2,438·8	91·84
Ghazipur	558	27·2	30·1	29·2	29·8	25·9	29·9	26·5	38·0	67·0	73·2	79·1	123·0	48·4	1,091·4	55·56
Benares, Central	2,029	43·6	49·5	55·1	68·0	61·0	104·8	53·5	71·0	67·7	80·6	75·7	110·9	71·0	556·4	27·11
„ District	419	34·5	30·8	45·5	35·6	33·0	34·2	38·6	51·1	45·0	41·3	36·7	98·1	45·3	897·4	50·12
Mirzapur	280	84·5	64·2	55·0	50·0	59·1	57·8	65·1	64·8	61·7	53·8	39·7	132·2	67·9	1,564·3	82·14
Azamgarh	424	41·7	54·4	55·7	39·5	46·0	39·9	44·2	31·5	46·4	41·4	73·5	80·3	49·5	1,132·1	18·87
Jaunpore	289	36·9	42·8	38·3	38·7	37·5	38·2	29·4	42·6	42·6	33·3	28·9	32·4	38·1	986·2	34·60
Gorakhpur	1,216	47·1	35·1	53·6	70·8	63·6	55·0	72·7	93·6	82·0	102·0	76·1	80·5	68·3	1,483·6	87·17
Basti	367	20·7	17·1	16·4	18·8	12·5	8·4	11·8	18·4	19·7	27·0	34·2	45·3	21·8	640·3	35·42
Gonda	620	24·4	23·8	23·1	24·5	23·1	19·9	18·0	36·6	34·5	67·0	92·2	106·1	40·3	982·3	79·03
Bahraich	411	10·4	18·2	9·6	18·6	14·3	12·0	12·3	17·2	18·0	22·3	21·7	11·0	14·6	399·0	51·09
Fyzabad	627	63·4	68·5	68·5	61·9	36·2	31·8	34·9	39·3	56·2	59·6	63·3	47·8	51·0	674·6	44·66
Sultanpur	87	28·6	22·7	24·1	28·2	36·1	24·7	30·6	18·2	8·4	...	39·5	64·1	23·0	436·8	22·99
Rai Bareli	506	12·4	7·9	7·7	13·6	8·1	14·1	11·9	23·6	15·6	9·7	11·8	13·8	11·9	361·7	19·76
Partabgarh	292	26·2	31·8	36·2	35·1	21·8	39·7	30·5	36·2	35·6	26·2	21·9	22·5	30·8	972·6	23·97
Hardoi	370	33·1	22·5	25·6	40·8	32·3	25·5	33·5	23·4	29·6	36·9	34·7	44·3	32·4	770·3	8·11
Kheri	254	28·6	34·8	24·7	67·4	55·6	32·8	49·0	54·3	49·3	69·6	30·1	38·5	43·3	1,519·7	39·37
Lucknow, Central	1,528	23·1	21·7	17·9	23·8	18·5	15·1	15·6	30·0	27·5	21·7	28·5	30·5	22·9	389·4	17·02
„ District	498	37·1	31·7	40·5	45·7	30·6	35·9	41·3	39·9	36·8	33·9	53·9	84·1	44·2	1,251·0	12·05
Sitapur	707	34·9	41·1	39·9	129·0	27·7	19·3	30·4	40·2	31·5	23·3	23·8	30·8	38·2	636·5	24·05
Barabanki	355	35·1	22·2	5·5	52·5	11·2	17·2	10·6	24·5	27·9	24·0	21·3	24·8	22·5	467·6	16·90
Unao	264	47·6	38·9	35·7	30·9	35·3	33·1	24·8	31·0	32·1	32·4	26·6	32·1	34·1	572·0	30·30
Hamirpur	152	88·9	80·9	74·6	56·3	57·9	75·0	67·1	82·9	80·9	128·2	113·2	97·6	85·5	2,355·3	46·05
Orai (Jalaun)	157	17·9	32·8	42·0	14·6	6·6	11·6	23·3	33·9	62·9	52·6	39·1	31·9	31·8	1,273·9	12·74
Fatehgarh, Central	1,814	25·4	26·9	23·8	29·7	24·6	28·5	30·5	57·3	54·1	53·1	50·9	63·1	39·1	922·8	36·93
„ District	326	23·8	17·0	23·8	27·7	30·0	26·1	30·3	43·0	33·1	26·3	21·0	28·1	27·6	883·4	30·67
Cawnpore	387	25·8	24·0	27·9	32·5	38·0	36·9	33·2	40·8	42·2	36·3	56·6	84·9	38·8	529·7	41·34
Fatehpur	310	20·2	14·9	27·9	36·7	31·5	19·3	15·3	25·0	37·3	50·3	74·2	63·1	35·5	1,300·0	38·71
Banda	307	54·3	43·3	66·7	63·9	69·3	66·2	49·2	82·6	105·6	115·9	126·1	161·9	87·9	2,068·4	104·23
Allahabad, Central	2,045	45·6	44·3	46·1	49·6	68·4	70·5	76·7	66·1	67·1	68·4	52·2	39·6	58·2	745·7	21·52
„ District	642	34·1	44·6	49·7	40·8	40·2	37·3	44·9	37·0	38·7	55·5	69·0	73·2	46·7	1,118·4	23·36
Etawah	213	34·5	34·9	41·2	37·6	33·5	31·8	52·8	39·2	27·0	33·5	51·5	24·4	37·6	901·4	28·17
Mainpuri	331	13·8	22·7	18·7	19·4	9·3	13·8	14·4	19·7	18·3	13·5	14·7	18·6	15·1	700·9	27·19
GROUP VI—																
Muttra	207	55·9	26·9	26·3	32·8	33·9	43·5	29·0	26·4	34·2	61·1	49·8	53·1	38·6	792·3	24·15
Etah	307	35·1	29·9	36·6	30·4	19·7	27·5	42·6	42·2	59·4	46·1	53·5	51·9	39·1	1,068·4	9·77
Aligarh	420	43·0	43·8	42·3	56·1	95·0	49·8	50·9	51·3	62·8	56·1	62·2	57·4	54·8	2,366·7	9·52
Bulandshahr	237	63·8	70·4	40·5	39·3	32·9	20·2	28·7	40·2	55·6	51·7	45·1	44·4	42·2	1,295·4	29·54
Shahjahanpur	364	36·3	36·5	38·6	63·4	46·7	37·7	30·2	37·5	35·3	37·0	36·9	46·8	41·2	1,041·2	24·73
Bareilly, Central	1,866	25·1	24·4	24·9	29·2	22·9	18·1	20·2	21·5	36·6	28·4	21·3	19·4	24·1	477·5	10·72
„ District	678	43·6	40·7	31·9	31·9	38·0	28·6	26·7	32·1	37·7	48·8	58·5	15·4	47·2	668·1	33·92
Budaon	327	22·1	27·7	26·4	37·6	43·0	44·6	29·6	31·7	31·1	18·9	25·7	55·9	33·6	795·1	24·46
Saharanpur	394	17·9	21·1	24·6	41·8	51·6	35·0	27·8	19·8	39·5	41·1	38·7	30·4	33·0	1,258·9	22·84
Bijnor	190	43·1	23·0	25·0	30·5	23·5	21·9	31·1	18·8	20·8	26·4	18·4	17·6	26·3	473·7	21·05
Dehra-Dun	66	15·9	36·4	93·0	37·0	73·5	60·2	46·0	51·9	43·5	44·1	44·1	16·4	45·5	1,287·9	45·45
Muzaffarnagar	162	33·3	44·6	48·5	51·9	46·5	41·4	26·3	30·9	33·7	27·9	42·6	52·1	37·0	790·1	30·86
Moradabad	323	49·0	58·8	66·1	59·5	48·5	37·5	31·9	54·5	56·2	63·8	75·7	74·0	55·7	1,674·9	43·34
Meerut	520	32·1	23·5	23·7	28·1	41·4	34·3	36·7	26·4	31·1	31·8	41·3	32·7	32·7	801·9	17·31
Delhi	449	40·3	21·4	28·3	41·7	51·8	42·3	44·0	42·5	53·5	43·5	81·0	49·1	44·5	2,233·9	20·04
Rohtak	164	5·2	5·9	6·6	14·5	7·5	...	13·5	19·0	30·7	24·8	5·0	...	12·2	725·6	12·20
Hissar	195	45·1	39·0	33·6	49·3	60·1	47·6	70·7	84·3	78·8	56·6	57·1	32·8	56·4	1,502·6	10·26
Karnal	127	42·9	37·9	31·2	23·4	23·1	31·2	31·0	109·4	72·0	62·5	33·9	35·1	47·2	1,842·5	...
Umballa	505	22·1	16·0	22·8	17·5	22·0	29·8	28·6	24·0	40·7	52·2	42·6	47·9	29·7	1,106·9	9·90
Ludhiana	222	36·0	33·8	24·4	29·0	42·3	37·9	27·9	42·1	34·2	32·8	39·7	32·8	36·0	1,612·6	...
Hoshiarpur	62	...	17·5	17·9	...	39·2	27·4	47·1	109·6	87·5	85·7	51·7	50·0	48·4	2,887·1	16·13
Jullundur	273	21·1	3·6	7·0	14·6	7·4	15·2	23·6	24·5	10·6	10·9	3·9	...	11·0	509·2	21·98
Ferozepore	280	46·1	37·8	24·0	25·0	32·8	27·7	40·4	80·9	70·9	45·5	45·6	55·8	42·9	1,967·9	17·86
Amritsar	237	43·7	33·0	32·4	27·4	30·3	31·9	24·3	48·9	39·3	48·5	62·2	56·7	38·0	2,333·3	37·97
Lahore, Central	1,259	32·1	24·2	26·2	34·6	36·8	44·9	46·4	84·0	86·4	79·7	81·1	53·1	53·2	3,215·2	35·74
„ District	421	75·5	85·4	93·4	109·6	142·9	117·6	91·4	84·1	92·1	104·4	97·4	118·4	99·8	2,703·1	23·75
„ Female	196	30·5	32·3	37·4	48·4	51·5	51·3	46·4	83·8	112·2	113·3	87·4	58·8	61·2	2,265·3	20·41
Sialkot	299	21·1	24·3	14·9	12·3	13·8	18·4	14·9	14·5	26·2	34·5	21·7	22·2	20·1	1,013·4	10·03
Gurdaspur	218	19·5	19·0	20·6	9·8	9·1	...	...	8·5	19·9	17·7	23·3	24·8	13·8	885·3	13·76
Gujranwala	350	23·5	41·1	29·8	42·8	35·9	14·1	21·6	29·3	52·2	59·5	43·4	24·8	34·3	1,308·6	8·57
Chinawan	868	29·2	31·0	25·0	25·0	30·2	39·3	41·5	47·1	41·6	37·0	43·3	37·2	35·7	2,188·9	5·76
Gujrat	107	...	...	8·7	22·5	22·0	38·1	34·8	55·1	72·0	39·4	35·7	18·2	28·0	1,280·4	18·69
Jhelum	200	30·7	28·2	28·2	13·2	17·5	16·3	28·6	44·0	56·8	39·5	49·1	44·2	35·0	1,505·0	15·00
Rawalpindi	649	27·1	30·4	25·5	29·2	24·4	35·5	33·9	44·6	44·0	44·7	57·1	65·8	38·5	1,781·2	16·95
GROUP VII—																
Shahpur	232	16·8	8·3	9·7	9·7	19·9	26·2	12·8	41·5	31·2	21·8	8·0	12·2	17·2	1,099·1	8·62
Montgomery	1,117	15·1	16·2	17·6	15·2	17·0	21·5	27·6	24·3	28·2	20·2	23·0	24·8	20·6	678·6	17·91
Jhang	210	27·7	17·9	17·5	32·6	23·1	15·6	16·7	24·0	22·3	30·0	19·7	27·5	23·8	1,214·3	14·29
Mooltan, Central	653	67·0	52·8	41·4	45·3	41·1	51·5	69·0	62·1	53·8	66·4	64·7	58·6	55·1	1,895·9	29·10
„ District	534	48·9	44·7	44·3	49·5	33·5	39·9	33·3	32·4	57·4	55·2	53·3	29·6	43·1	1,339·0	33·71
Dera Ghazi Khan	305	44·2	38·8	31·6	31·0	31·9	39·7	76·4	44·7	67·5	66·2	61·5	52·5	49·2	2,213·1	16·39
Dera Ismail Khan	412	35·4	21·7	15·9	20·3	25·3	28·6	25·5	39·4	35·7	33·3	36·2	24·8	29·1	1,337·4	2·43
Bannu	104	11·1	21·3	11·8	...	11·6	23·1	60·3	47·6	50·5	32·0	30·5	8·0	28·8	625·0	9·62
Kohat	99	32·6	34·9	22·0	38·5	31·2	36·0	18·9	38·5	61·9	37·7	41·7	41·2	40·4	1,767·7	20·20
Peshawar	362	47·0	29·2	44·1	42·9	39·1	21·7	23·5	50·3	143·7	177·5	71·2	33·2	58·0	2,414·4	22·10
Kurrachee	353	33·4	27·1	24·9	18·1	19·7	22·7	25·6	21·5	47·1	47·0	46·0	51·1	31·2	484·4	42·49
Hyderabad	592	39·2	33·3	38·3	28·3	21·2	20·1	24·8	26·2	27·7	34·2	60·1	43·2	33·8	805·7	30·41
Sind Convict Gang (Nara)	309	22·8	12·8	11·8	8·1	7·8	8·5	12·8	14·8	21·6	34·3	30·0	18·3	16·2	543·7	19·42
Shikarpur	483	6·6	11·7	8·7	10·3	13·2	12·9	13·5	24·3	30·2	26·1	38·6	32·1	18·6	459·6	49·69

JAIL POPULATION OF INDIA, 1894.

XVI —*concluded.*

TABLE showing the GENERAL STATISTICS of SICKNESS and MORTALITY in each JAIL of INDIA, and the AVERAGE NUMBER CONSTANTLY SICK in each MONTH.

JAILS.	Average Annual Strength	Average Number Constantly Sick per 1,000 of Average Strength in each month.												Constantly Sick per 1,000 of strength.	Admitted per 1,000 strength.	Died per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.			
Group VIII—																
Agra, Central	1,920	46·0	30·2	36·5	36·0	49·3	28·0	32·0	44·2	42·6	46·3	50·3	56·3	41·7	537·5	32·29
,, District	548	37·9	32·2	35·3	87·9	54·0	34·0	35·5	56·3	63·6	46·7	49·4	63·1	49·3	729·9	21·90
Jhansi	232	29·3	23·5	30·8	33·1	43·7	26·9	20·9	25·1	34·0	54·1	31·4	62·8	34·5	961·2	38·79
Lalitpur	104	14·5	13·3	13·7	27·5	33·9	15·4	56·6	74·5	50·0	23·1	29·1	27·0	28·8	894·2	9·62
Ajmere	333	21·1	11·7	16·2	9·9	9·5	5·9	6·0	20·3	14·5	11·4	17·4	23·7	15·0	276·3	18·02
Ahmedabad	482	27·3	24·8	22·3	23·0	16·7	20·6	23·0	24·4	24·4	26·9	27·4	27·8	24·9	475·1	39·42
Kaira	176	52·6	40·2	29·1	17·0	11·6	5·8	11·7	19·5	19·4	31·8	19·4	11·1	22·7	670·4	113·64
Rajkot	54	16·7	17·2	...	...	17·9	...	37·0	34·5	36·4	38·5	21·3	42·6	18·5	592·6	18·52
Dhuliakot	194	10·1	16·2	10·2	4·7	9·9	15·4	20·8	10·1	20·9	25·5	21·4	29·1	15·5	587·6	46·39
Surat	210	16·0	5·8	11·2	10·4	14·6	13·2	13·2	16·8	12·4	13·0	13·5	5·0	9·5	228·6	52·38
Group IX—																
Nasik	47	...	41·7	16·7	22·7	...	...	...	...	...	...	26·3	18·2	21·3	361·7	21·28
Dhulia	380	14·7	11·8	19·1	24·1	28·4	20·0	21·1	24·5	21·4	22·9	16·6	13·3	21·1	239·5	18·42
Yerrowda	1,495	50·8	44·0	48·5	45·9	48·7	48·1	44·0	44·3	53·4	43·2	50·5	44·5	46·8	1,516·4	21·40
Dharwar	356	24·9	41·8	49·6	29·8	28·7	37·4	41·9	41·7	36·2	33·1	32·7	21·7	33·7	1,028·1	28·09
Bijapur, District	278	84·1	120·0	147·9	35·2	40·4	40·9	22·1	17·7	17·6	19·2	35·9	40·7	54·0	1,823·7	35·97
Deccan Gang	254	8·0	11·4	15·7	13·7	7·8	4·3	4·6	14·6	5·3	11·1	13·1	4·9	11·8	252·0	7·87
Amraoti	511	29·9	17·8	45·3	37·3	35·3	35·7	35·5	43·9	53·8	41·7	35·1	27·8	37·2	1,191·8	21·53
Akola	528	116·2	81·6	68·6	42·3	43·4	65·3	45·0	200·0	124·0	37·9	30·7	33·3	75·8	1,736·7	37·88
Ellichpur	44	33·3	35·1	41·7	27·0	44·4	46·5	21·7	...	...	...	24·4	...	22·7	613·6	...
Buldana	63	31·7	17·5	35·7	54·5	53·6	45·5	63·5	45·5	31·2	30·3	14·3	...	31·7	1,269·8	15·87
Basim	58	13·5	16·9	17·2	15·9	15·9	...	18·5	30·3	62·5	62·5	40·8	...	17·2	706·9	51·72
Yeotmahl	81	36·1	49·4	26·3	14·7	16·9	15·2	39·0	21·7	...	32·3	23·3	21·1	24·7	802·5	37·04
Secunderabad	82	26·7	11·9	24·7	26·3	38·0	46·9	49·2	80·0	44·4	28·8	19·0	11·1	36·6	890·2	...
Jubbulpore	1,305	16·0	35·0	36·4	15·6	14·3	12·8	18·6	22·3	23·7	31·4	33·7	39·3	25·3	685·1	19·92
Saugor	165	38·5	26·3	16·4	9·3	17·5	14·4	19·6	22·2	9·6	18·3	42·7	27·8	24·2	484·8	60·61
Damoh	86	43·5	16·4	28·2	52·6	62·5	61·2	72·3	45·9	45·5	51·0	51·0	58·1	46·5	1,139·5	93·02
Sambalpur	146	38·0	22·1	22·1	28·0	29·6	24·6	32·3	42·9	25·2	30·3	23·5	24·7	27·4	979·5	54·79
Raipur	686	19·8	33·7	37·2	29·2	28·0	38·7	34·3	28·3	34·7	29·8	22·4	16·2	29·2	707·0	13·12
Bilaspur	135	45·0	42·4	53·6	53·8	76·4	59·2	78·7	92·4	37·9	64·0	94·6	77·4	66·7	1,703·7	29·63
Mandla	66	16·9	46·2	48·2	23·5	...	...	15·4	16·4	...	...	...	...	15·2	500·0	15·15
Seoni	106	28·3	40·0	10·3	17·9	33·1	32·0	57·9	50·8	57·1	53·8	59·5	44·9	37·7	1,066·0	56·60
Chhindwara	99	32·3	20·2	9·4	9·5	19·6	...	...	35·3	9·9	...	...	9·8	10·1	222·2	40·40
Betul	61	19·2	...	35·1	...	26·7	13·3	29·9	17·2	16·7	14·9	15·6	...	16·4	655·7	32·79
Narsinghpur	123	30·3	40·0	53·8	34·8	24·2	6·7	30·3	70·8	63·5	60·9	61·4	38·5	40·7	1,617·9	73·17
Hoshangabad	129	50·4	58·8	56·9	50·4	32·0	36·8	56·3	102·9	72·6	74·1	49·2	20·4	54·3	1,798·5	85·27
Nimar	62	38·5	35·7	...	13·7	27·8	32·8	34·5	17·2	16·4	52·6	30·8	42·9	32·3	596·8	16·13
Nagpur	989	49·2	38·8	42·2	86·5	18·0	7·2	21·1	39·6	50·3	135·0	46·3	22·9	46·5	1,323·6	33·37
Bhandara	82	26·7	56·2	32·6	32·6	44·4	65·2	63·3	57·1	38·0	51·9	51·9	38·0	48·8	865·9	12·20
Wardha	56	46·9	50·8	54·5	44·4	23·8	22·7	20·8	39·2	92·6	84·7	42·9	39·0	53·6	1,982·1	35·71
Chanda	117	28·3	34·5	17·4	21·1	31·9	38·5	23·4	38·5	27·6	16·3	48·4	32·3	25·6	931·6	25·64
Sironcha	6	200·0	...	...	...	...	...	90·9	250·0	100·0	125·0	200·0	...	77·4	1,166·7	166·67
Balaghat	84	12·0	...	11·0	...	24·7	...	11·0	43·5	23·5	26·7	39·5	39·2	23·8	833·3	47·62
Group X—																
Thana	742	60·3	47·7	43·4	44·4	47·3	39·2	40·4	42·0	44·6	42·1	54·8	60·0	47·2	1,094·3	47·17
Bombay, Common	294	13·5	19·0	12·8	14·7	7·2	3·5	14·5	7·1	7·2	13·1	9·3	13·2	10·2	292·5	27·21
,, House of Correction	315	12·5	9·8	12·5	9·3	12·3	6·5	12·3	12·1	13·5	13·2	16·6	15·8	12·7	307·6	22·22
Ratnagiri	92	10·6	10·5	19·2	11·0	19·0	29·7	31·9	12·0	12·2	23·3	34·1	13·2	21·7	565·2	...
Karwar	91	...	...	...	...	...	11·1	10·8	...	...	11·5	...	...	3·2	131·9	43·96
Mangalore	91	12·8	...	12·7	36·1	32·3	21·5	59·4	30·6	18·7	57·7	39·2	26·0	33·0	846·2	32·97
Cannanore	730	37·0	47·3	50·3	60·2	54·3	54·9	68·7	66·9	70·6	57·3	34·8	35·8	53·4	1,071·2	26·03
Group XI—																
Madras Debtors, Natives	26	58·8	35·7	32·3	29·4	37·0	...	41·7	...	34·5	50·0	90·9	...	38·5	1,730·8	...
,, Penitentiary ,,	829	33·8	36·5	44·0	30·8	43·1	34·7	37·8	36·3	41·5	39·7	40·0	37·6	38·6	1,270·2	12·06
,, ,, Europeans	10	111·1	...	83·3	90·9	90·9	83·3	111·1	125·0	111·1	142·9	125·0	111·1	100·0	2,300·0	...
Bellary	354	22·5	28·3	54·4	28·9	28·7	32·3	32·1	35·3	41·1	32·5	47·6	34·2	33·9	1,203·4	31·07
Vellore	1,036	34·1	35·3	26·1	47·9	34·7	24·8	21·1	18·6	23·8	29·5	34·8	33·2	30·9	894·8	20·27
Cuddalore	218	31·7	22·8	24·8	5·6	5·6	10·3	8·5	8·3	12·4	13·0	8·5	4·0	13·8	518·3	13·76
Cuddapah	189	39·6	49·3	51·6	39·2	39·1	40·5	32·3	53·5	53·6	70·7	82·9	102·2	52·9	1,740·7	42·33
Coimbatore	954	21·4	19·5	17·8	23·1	16·8	21·2	24·5	19·6	21·3	17·7	17·0	17·2	19·9	424·5	7·34
Madura	379	15·3	18·4	13·7	13·4	11·8	14·5	11·8	11·6	13·6	11·5	21·8	25·7	15·8	377·3	26·39
Trichinopoly	933	36·5	33·7	24·8	19·5	16·1	12·1	8·6	12·0	12·5	12·7	14·9	18·9	19·3	605·6	20·36
Salem	620	16·3	11·4	15·8	17·5	20·4	22·5	14·1	14·0	15·5	12·5	24·9	21·4	17·7	419·4	6·45
Tanjore	346	17·0	17·0	18·0	12·0	8·9	14·5	14·4	8·5	13·7	14·0	18·0	20·6	14·5	335·3	5·78
Palamcottah	354	23·2	23·2	18·8	23·6	20·5	13·0	17·9	13·8	14·0	24·0	33·3	28·9	19·8	415·3	28·25
Rajamundry	795	12·0	22·1	21·2	18·4	25·9	38·2	27·2	22·4	17·3	23·9	15·9	13·0	21·4	625·2	17·61
Vizagapatam	193	5·9	11·7	11·5	5·2	4·7	...	13·5	9·3	20·2	10·6	11·5	31·6	10·4	357·5	20·73
Nellore	93	66·7	56·2	37·5	44·9	23·0	23·3	22·0	20·2	20·8	38·8	19·8	28·0	32·3	892·5	21·51
Berhampur	116	16·5	25·4	25·2	8·6	20·4	9·2	35·4	21·1	33·3	16·9	8·9	9·9	17·2	405·2	...
Group XII—																
Darjeeling	62	13·4	...	16·9	46·2	47·6	65·6	70·2	...	...	...	...	...	16·1	1,177·4	48·39
Almora	85	11·9	69·4	30·8	50·8	89·6	57·5	11·8	...	...	10·0	17·2	9·8	23·5	929·4	58·82
Simla	12	...	...	...	...	...	...	...	58·8	...	76·9	...	...	33·4	1,000·0	83·33
Dharmsala	106	24·8	8·1	15·9	36·2	27·8	27·3	17·2	20·6	22·0	34·1	26·7	51·9	28·3	792·5	18·87
Abbottabad	81	23·0	12·2	9·3	21·5	48·8	47·1	31·6	47·1	54·1	38·5	17·5	60·6	37·0	1,358·0	12·35
Russellkonda	76	64·5	30·8	29·0	35·3	11·6	...	29·9	29·4	12·2	20·8	32·3	...	26·3	565·8	13·16
Parvatipur	214	...	...	...	9·1	17·2	20·1	20·2	61·5	84·6	40·2	30·0	10·0	23·4	654·2	126·17
Shillong	52	19·2	20·8	24·4	25·6	60·0	33·3	16·9	42·6	18·2	35·1	36·4	18·2	38·5	750·0	76·92
Quetta	67	78·4	108·7	63·8	62·5	48·4	82·0	64·5	84·5	61·0	79·5	86·0	98·9	74·6	4,089·6	14.93
Extra India—																
Aden	59	17·2	17·5	19·6	35·7	37·7	53·6	35·1	31·7	49·2	55·6	15·4	17·5	33·9	983·0	33·90

XVII.

TABLE showing the RATIO in which the PRINCIPAL DISEASES have contributed to make up the ADMISSION-RATE of the YEAR in the JAIL HOSPITALS of INDIA.

JAILS.	Average Annual Strength.	Admitted into Hospital per 1,000 of Average Strength.																													
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Tonsillitis and Sore throat.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Anæmia and Debility.	Scurvy.	Acute and Chronic Rheumatism.	Eye Diseases.	Abscess, Ulcer and Boil.	Other Diseases of the Integuments.	Guinea-worm.	Other Entozoa.	All other Causes.	ALL CAUSES.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
GROUP I—																																
Akyab	318	...	59·7	...	...	88·1	...	...	22·0	6·3	15·7	3·1	...	...	15·7	...	355·3	103·8	...	...	...	31·4	12·6	...	...	...	28·3	28·3	...	...	135·2	905·7
Kyaukpyu	165	...	109·1	...	...	218·2	...	...	...	...	...	...	...	12·1	6·1	...	18·2	84·8	6·1	...	...	...	60·6	...	6·1	12·1	60·6	...	...	...	36·4	630·3
Sandoway	61	...	...	...	...	622·9	...	...	...	...	...	...	...	...	16·4	...	82·0	147·5	...	...	32·8	...	...	...	32·8	98·4	311·5	32·8	...	...	114·8	1,491·8
Henzada	345	...	2·9	...	...	72·5	5·8	...	...	...	5·8	5·8	...	...	2·9	...	29·0	34·8	...	...	...	...	2·9	...	2·9	5·8	40·6	2·9	...	...	60·9	275·4
Bassein	1,104	...	...	...	·9	146·7	3·6	181·2	·9	...	4·5	·9	1·8	...	8·2	...	62·5	7·2	...	...	...	...	5·4	·9	6·3	10·0	25·4	7·2	...	...	158·5	632·2
Maubin	324	...	3·1	...	...	24·7	9·3	15·4	...	...	12·3	...	3·1	3·1	6·2	...	27·8	3·1	...	6·2	...	...	...	...	...	...	21·6	12·3	...	...	46·3	194·4
Rangoon (Europeans)	31	...	...	...	...	290·3	32·3	...	...	...	...	...	...	...	...	...	419·4	64·5	...	32·3	...	...	32·3	...	...	...	...	...	...	...	225·8	1,096·8
,, (Natives)	2,443	...	·4	...	...	271·8	297·2	·4	15·6	...	7·4	2·9	3·3	17·2	23·3	1·2	104·0	106·4	...	...	1·2	5·7	15·6	15·1	35·2	32·7	270·6	92·1	...	2·0	187·5	1,508·8
Insein	2,011	...	...	...	1·5	152·2	19·4	5·5	4·5	...	3·0	1·0	9·4	5·5	32·8	2·0	54·2	112·4	...	...	...	4·0	4·0	3·0	5·0	38·3	96·0	95·5	...	3·5	242·2	894·6
Moulmein	831	..	...	...	...	63·8	...	44·5	...	...	6·0	4·8	9·6	3·6	13·2	4·8	148·0	99·9	...	3·6	1·2	10·8	13·2	...	15·6	21·7	134·8	20·5	...	...	185·3	805·1
Tavoy	110	...	...	...	...	54·5	...	...	...	...	27·3	...	...	...	27·3	...	36·4	27·3	...	...	...	9·1	9·1	...	...	9·1	36·4	...	...	...	36·4	272·7
Mergui	28	...	...	...	...	142·9	...	35·7	...	...	...	...	...	...	...	...	571·4	142·9	...	...	...	...	35·7	...	71·4	...	35·7	...	...	...	142·9	1,178·6
Toungoo	365	...	...	...	...	54·8	8·2	...	2·7	...	...	...	2·7	5·5	8·2	...	65·8	21·9	...	...	...	...	27·4	...	...	19·2	63·0	13·7	...	...	63·0	356·2
Shwegyin	203	...	...	...	29·6	315·3	...	133·0	...	...	9·9	9·9	...	4·9	9·9	4·9	177·3	14·8	...	...	...	...	29·6	...	14·8	...	152·7	9·9	...	4·9	83·7	1,004·9
Port Blair	10,419	65·0	...	...	...	669·7	26·1	·1	·2	...	4·7	·7	...	1·4	86·1	·7	75·9	87·4	·2	·1	2·6	·3	42·2	...	37·9	18·6	91·3	33·6	·2	·3	217·5	1,462·8
GROUP II—																																
Thayetmyo	1,190	...	·8	...	·8	142·0	...	...	...	...	4·2	...	14·3	17·6	6·7	·8	86·6	27·7	...	...	3·4	2·5	11·8	·8	10·1	227·7	152·9	61·3	...	...	162·2	934·5
Myingyan	945	...	1·1	...	1·1	177·8	15·9	...	...	...	3·2	...	3·2	18·0	26·5	...	80·4	51·9	...	1·1	...	1·1	5·3	...	5·3	39·2	43·4	7·4	...	...	41·3	522·8
Myanaung	80	...	...	...	...	200·0	12·5	...	...	...	...	...	...	...	...	...	62·5	87·5	...	...	...	12·5	12·5	...	...	50·0	175·0	25·0	...	...	187·5	825·0
Monywa	79	...	...	...	...	151·9	38·0	...	...	...	25·3	...	...	...	...	...	12·7	...	...	...	...	...	75·9	...	...	...	139·2	88·6	...	...	113·9	645·6
Pakôkku	72	...	...	...	...	97·2	...	...	...	...	...	...	...	...	...	...	13·9	13·9	...	...	...	...	27·8	...	...	13·9	55·6	13·9	...	...	27·8	263·9
Yeu	8	...	...	...	...	500·0	...	...	...	...	...	...	...	...	...	...	375·0	...	...	...	...	...	...	...	...	...	375·0	...	...	...	125·0	1,375·0
Yemethin	106	...	...	...	...	56·6	...	...	...	...	9·4	9·4	...	...	...	9·4	132·1	103·8	...	...	9·4	...	66·0	...	...	56·6	141·5	9·4	...	...	169·8	773·6
Taungdwingyi	50	...	...	...	...	140·0	20·0	...	...	...	...	...	...	...	20·0	...	...	20·0	...	...	...	...	...	...	...	...	280·0	20·0	...	...	260·0	760·0
Pagan	62	...	32·3	...	...	177·4	...	...	...	...	...	...	...	...	...	...	80·6	64·5	...	...	...	...	...	...	64·5	16·1	96·8	16·1	...	...	548·4	1,096·8
Minbu	105	...	9·5	...	...	123·8	...	...	...	...	...	...	9·5	28·6	...	...	19·0	95·2	9·5	...	...	...	...	...	9·5	19·0	85·7	28·6	...	...	85·7	523·8
Magwe	143	...	...	...	...	35·0	...	...	...	...	...	...	7·0	...	7·0	..	28·0	14·0	...	...	...	...	7·0	...	...	...	83·9	28·0	...	...	14·0	223·8
Mandalay	1,000	...	29·0	...	...	247·0	11·0	...	3·0	...	3·0	...	10·0	13·0	10·0	5·0	140·0	78·0	...	...	...	1·0	8·0	...	7·0	58·0	63·0	32·0	...	...	63·0	781·0
Shwebo	124	...	...	...	...	217·7	8·1	...	...	...	8·1	...	...	...	8·1	...	56·5	40·3	...	...	...	...	32·3	...	...	24·2	322·6	24·2	...	...	56·5	798·4
Bhamo	64	...	...	...	...	46·9	...	...	...	...	...	...	...	...	15·6	...	78·1	15·6	...	...	...	...	...	...	...	...	15·6	...	...	...	15·6	187·5
Meiktila	120	...	...	...	...	100·0	...	...	...	...	33·3	...	...	8·3	8·3	8·3	408·3	50·0	...	...	...	8·3	...	...	...	25·0	66·7	...	...	...	100·0	816·7
Katha	72	...	...	...	...	277·8	13·9	...	...	...	13·9	...	...	...	27·8	...	152·8	13·9	...	...	...	...	...	...	...	13·9	69·4	27·8	...	...	222·2	833·3
Kindat	69	...	...	...	...	333·3	...	...	...	...	29·0	...	...	...	43·5	...	58·0	...	...	...	...	14·5	29·0	...	29·0	87·0	14·5	43·5	...	14·5	43·5	739·1
Prome	16	...	...	...	...	562·5	...	...	...	...	...	...	...	...	...	...	62·5	187·5	...	...	...	...	...	...	...	...	187·5	250·0	...	...	187·5	1,437·5

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
GROUP III—																																
Sylhet	553	...	...	...	...	607·6	...	...	1·8	1·8	3·6	...	...	9·0	...	...	141·0	170·0	1·8	...	9·0	3·6	32·5	...	1·8	7·2	128·4	79·6	...	1·8	75·9	1,276·7
Cachar (Silchar)	71	...	...	...	...	225·3	...	...	...	...	...	...	...	...	70·4	...	380·3	...	...	...	14·1	...	...	...	28·2	28·2	56·3	42·2	...	14·1	84·5	943·7
Gauhati	105	...	...	...	...	400·0	19·0	...	...	...	...	...	...	...	19·0	...	114·3	104·7	...	...	...	...	95·2	...	...	66·7	104·7	...	...	...	76·2	1,000·0
Tezpur	287	...	...	...	...	1,013·9	...	...	...	3·5	3·5	...	...	...	34·7	...	118·0	204·9	...	...	38·2	...	69·4	...	...	24·3	184·0	3·5	...	...	69·4	1,767·3
Sibsagar	78	...	...	...	...	243·6	12·8	...	...	...	...	...	...	...	25·6	...	282·0	141·0	...	...	...	...	76·9	...	...	...	51·3	...	...	...	128·2	961·5
Dibrugarh	65	...	...	...	...	400·0	30·8	...	...	...	15·4	...	...	46·1	61·5	...	507·7	430·8	...	...	...	...	...	...	...	...	15·4	...	...	...	123·1	1,630·8
Dhubri	12	166·7	...	...	...	750·0	83·3	...	...	...	...	...	...	...	83·3	...	166·7	166·7	...	...	...	...	...	...	...	...	83·3	...	...	...	333·3	1,833·3
Nowgong	40	...	25·0	...	...	725·0	25·0	...	...	...	25·0	...	25·0	25·0	250·0	...	150·0	200·0	...	...	...	...	125·0	...	...	...	150·0	50·0	...	175·0	700·0	2,650·0
GROUP IV—																																
Presidency (Europeans)	35	...	...	...	...	28·6	57·1	57·1	28·6	...	...	...	...	...	28·6	28·6	257·1	142·9	...	...	...	...	...	...	...	...	142·9	85·7	...	...	85·7	942·9
,, (Natives)	1,238	4·0	1·6	·8	...	98·5	54·1	1·6	43·6	...	·8	9·7	17·0	11·3	23·4	·8	218·9	29·9	...	3·2	...	2·4	5·7	29·9	3·2	9·7	13·7	6·5	...	2·4	108·2	601·1
Alipore	1,720	61·6	1·7	...	...	95·3	4·1	256·4	5·2	...	8·7	2·9	12·8	41·9	70·3	3·5	173·8	68·6	...	4·7	9·9	3·5	12·2	3·5	25·0	14·0	33·7	58·7	...	...	194·2	1,166·3
Baraset	90	...	77·8	...	...	1,544·4	55·6	...	66·7	...	...	...	...	...	22·2	11·1	588·9	277·8	...	...	33·3	11·1	22·2	...	11·1	11·1	100·0	33·3	...	...	266·7	3,133·3
Jessore	242	4·1	...	...	...	566·1	20·7	...	4·1	...	12·4	4·1	...	45·5	99·2	4·1	351·2	128·1	...	...	210·7	12·4	62·0	...	20·7	24·8	53·7	41·3	...	4·1	173·6	1,843·0
Khulna	42	...	...	...	...	190·5	...	...	...	...	...	...	...	...	...	...	95·2	190·5	...	...	...	23·8	...	...	...	...	...	23·8	...	...	214·3	738·1
Palamow (Daltongunge)	46	...	152·2	...	...	260·9	...	...	...	...	21·7	...	...	21·7	108·7	...	282·6	87·0	...	...	65·2	...	...	...	...	...	...	...	...	...	130·4	1,130·4
Krishnagar (Nadia)	156	115·4	...	...	...	391·0	...	...	...	...	...	6·4	...	...	19·2	...	198·7	19·2	...	...	32·1	...	...	...	...	32·1	57·7	19·2	...	...	83·3	974·4
Murshidabad (Berhampore)	239	33·5	4·2	...	...	665·3	37·7	...	46·0	...	4·2	...	...	12·6	50·2	...	205·0	292·9	...	8·4	58·6	8·4	25·1	...	29·3	12·6	108·8	54·4	...	12·6	343·1	2,012·6
Hooghly	398	...	...	...	...	140·7	2·5	57·8	...	...	2·5	...	...	20·1	32·7	...	301·5	65·3	2·5	...	...	...	...	...	5·0	...	17·6	...	...	...	37·7	685·9
Burdwan	222	27·0	9·0	...	9·0	234·2	31·5	54·1	...	...	...	...	...	...	49·5	...	243·2	94·6	...	...	9·0	...	9·0	...	18·0	18·0	13·5	49·5	...	13·5	99·1	982·0
Malda	64	...	...	...	...	2,359·4	31·2	15·6	...	15·6	...	...	...	...	...	...	296·9	453·1	...	...	15·6	...	46·9	...	15·6	...	15·6	15·6	...	...	296·9	3,578·1
Purneah	155	...	...	...	...	1,193·5	51·6	...	...	...	19·4	...	6·5	25·8	38·7	...	425·8	174·2	...	...	...	...	32·3	...	6·5	6·5	6·5	25·8	...	...	12·9	2,025·8
Jalpaiguri	82	...	...	...	...	426·8	24·4	...	...	...	...	...	...	24·4	97·6	24·4	280·5	48·8	...	...	36·6	...	12·2	73·2	24·4	12·2	97·6	12·2	...	...	146·3	1,341·5
Dinajpur	147	...	...	...	...	863·9	47·6	...	...	...	...	...	68·0	...	6·8	6·8	503·4	224·5	...	...	6·8	...	...	...	13·6	319·7	40·8	20·4	...	...	408·2	2,530·6
Rangpur	133	...	...	...	...	932·3	15·0	...	...	...	37·6	7·5	22·6	7·5	60·2	22·6	142·9	353·4	...	...	30·1	...	37·6	7·5	15·0	...	60·2	30·1	...	...	270·7	2,052·6
Rajshahi	675	93·3	...	...	...	120·0	1·5	1·5	3·0	...	...	3·0	10·4	4·4	29·6	...	47·4	23·7	...	...	1·5	...	...	...	...	4·4	1·5	4·4	...	...	40·0	389·6
Bogra	121	...	...	...	...	256·2	33·1	297·5	...	...	16·5	...	...	33·1	49·6	...	603·3	66·1	...	...	...	8·3	8·3	...	16·5	16·5	24·8	24·8	...	8·3	214·9	1,677·7
Mymensingh	332	...	...	...	...	385·5	36·1	...	3·0	...	...	...	9·0	6·0	21·1	...	253·0	114·5	...	...	3·0	3·0	12·0	3·0	6·0	24·1	57·2	12·0	...	3·0	174·7	1,126·5
Pabna	134	...	...	...	...	567·2	29·9	...	37·3	...	...	...	...	7·5	59·7	...	350·7	365·7	...	...	14·9	...	7·5	...	29·9	7·5	97·0	29·9	...	...	201·5	1,806·0
Faridpur	353	...	...	...	...	170·0	14·2	22·7	...	...	...	2·8	...	8·5	5·7	2·8	314·4	90·7	...	...	8·5	...	2·8	11·3	17·0	22·7	70·8	42·5	...	...	82·2	889·5
Backergunge (Barisal)	432	...	2·3	...	...	442·1	2·3	...	...	...	2·3	2·3	...	...	108·8	2·3	305·6	236·1	...	...	9·3	2·3	53·2	...	9·3	16·2	81·0	76·4	...	...	150·5	1,502·3
Noakhali	99	...	...	...	10·1	232·3	...	...	10·1	...	...	...	...	...	30·3	10·1	494·9	...	...	...	20·2	...	...	...	20·2	...	10·1	40·4	...	...	20·2	899·0
Chittagong	159	...	6·3	...	...	383·6	...	...	...	...	6·3	...	...	12·6	12·6	6·3	69·2	75·5	...	6·3	...	...	25·2	...	12·6	...	37·7	6·3	...	...	50·3	710·7
Tippera (Comilla)	127	...	...	...	...	94·5	7·9	...	...	...	...	...	...	7·9	15·7	...	401·6	15·7	...	...	7·9	7·9	15·7	...	...	...	...	...	...	...	23·6	598·4
Dacca	1,124	35·6	2·7	...	...	332·7	1·8	...	5·3	...	5·3	6·2	5·3	17·8	21·4	...	376·3	71·2	...	...	...	...	157·5	14·2	16·0	21·4	9·8	13·3	...	...	51·6	1,165·5
Cuttack	280	...	3·6	...	...	317·9	7·1	...	...	...	...	...	...	3·6	17·9	3·6	103·6	46·4	...	...	3·6	3·6	10·7	21·4	...	3·6	39·3	14·3	...	...	42·9	642·9
Puri	95	...	84·2	...	...	10·5	...	...	...	...	...	10·5	...	10·5	42·1	...	115·8	10·5	...	10·5	...	...	10·5	...	...	10·5	...	10·5	...	...	52·6	378·9
Balasore	128	...	23·4	...	...	23·4	...	...	...	7·8	7·8	...	...	...	31·2	...	218·8	31·2	...	...	...	23·4	7·8	...	...	7·8	23·4	...	...	...	46·9	453·1
Midnapore	807	157·4	...	...	...	404·0	...	...	...	...	5·0	1·2	18·6	29·7	49·6	...	177·2	184·6	...	...	6·2	...	1·2	...	6·2	9·9	28·5	6·2	...	...	125·2	1,210·7
Bankura	309	...	...	...	...	657·0	29·1	...	...	...	9·7	...	12·9	16·2	45·3	6·5	356·0	158·6	...	...	...	6·5	3·2	...	25·9	12·9	42·1	22·7	...	...	313·9	1,718·4
Purulia (Manbhum)	118	93·2	...	...	...	313·6	...	...	...	...	25·4	...	...	...	25·4	...	194·9	186·4	...	...	...	...	...	25·4	8·5	8·5	...	...	...	...	16·9	898·3
Suri (Birbhum)	168	196·4	...	...	...	869·0	...	...	...	...	...	...	...	...	53·6	...	172·6	256·0	...	...	...	6·0	23·8	65·5	23·8	17·9	125·0	11·9	...	...	148·8	1,970·2
Naya Dumka	82	...	...	...	12·2	622·0	97·6	...	97·6	...	24·4	...	...	24·4	36·6	...	646·3	97·6	...	...	...	...	61·0	12·2	...	...	36·6	24·4	...	...	122·0	1,914·6
GROUP V—																																
Monghyr	299	43·5	10·0	...	...	117·1	10·0	...	3·3	...	...	...	6·7	13·4	23·4	...	204·0	377·9	...	3·3	...	...	23·4	...	6·7	...	73·6	50·2	...	16·7	113·7	1,097·0
Bhagalpur	1,302	271·9	...	...	...	412·4	18·4	...	40·7	...	3·8	·8	5·4	2·3	29·2	...	173·6	161·3	...	...	8·4	·8	25·3	4·6	13·8	15·4	59·9	30·7	...	...	105·2	1,384·0
Chaibassa (Singhbhum)	151	430·5	238·4	...	...	351·0	26·5	...	...	...	...	...	...	33·1	33·1	13·2	536·4	278·1	...	...	19·9	...	33·1	...	6·6	...	39·7	33·1	...	...	33·1	2,106·0
Ranchi (Lohardaga)	192	...	...	...	...	213·5	5·2	10·4	...	...	5·2	...	...	5·2	46·9	57·3	171·9	78·1	5·2	...	...	10·4	26·0	...	...	5·2	15·6	20·8	...	...	41·7	718·7
Hazaribagh	560	175·0	...	...	...	276·8	98·2	83·9	...	...	...	3·6	26·8	3·6	41·1	...	264·3	23·2	...	...	...	...	...	...	1·8	16·1	37·5	12·5	...	...	137·5	1,201·8
Gaya	425	...	80·0	...	...	924·7	18·8	...	...	2·4	14·1	...	2·4	4·7	37·6	4·7	284·7	256·5	...	...	7·1	2·4	40·0	2·4	11·8	16·5	108·2	40·0	...	2·4	169·4	2,030·6
Patna (Bankipore)	307	...	6·5	...	...	625·4	26·1	...	...	...	...	...	...	6·5	42·3	...	302·9	407·2	...	...	22·8	3·3	45·6	...	9·8	29·3	175·9	6·5	...	...	149·8	1,859·9
Arrah (Shahabad)	250	44·0	8·0	...	...	148·0	...	...	...	4·0	...	...	4·0	28·0	12·0	...	392·0	56·0	...	4·0	20·0	8·0	32·0	...	32·0	12·0	56·0	16·0	...	...	116·0	992·0
Buxar	1,082	...	...	...	...	260·6	9·2	59·1	1·8	...	3·7	·9	...	5·5	21·3	2·8	204·3	46·2	...	...	3·7	1·8	13·9	...	8·3	12·0	63·8	13·9	...	·9	59·1	793·0
Champarun (Motihari)	326	...	...	...	...	475·5	12·3	...	...	...	9·2	...	9·2	33·7	12·3	12·3	349·7	92·0	...	...	30·7	...	46·0	70·6	12·3	3·1	18·4	6·1	...	...	61·3	1.254·6
Muzaffarpur	400	57·5	...	...	...	130·0	10·0	...	...	...	...	2·5	5·0	7·5	20·0	...	117·5	52·5	2·5	...	10·0	...	27·5	...	7·5	2·5	15·0	10·0	...	...	115·0	592·5
Darbhanga	312	...	32·1	...	...	134·6	32·1	...	...	...	...	...	...	6·4	22·4	3·2	362·2	211·5	...	...	...	...	6·4	3·2	12·8	25·6	35·3	12·8	...	...	76·9	977·6
Chapra (Saran)	294	61·2	...	...	...	418·4	...	...	...	...	3·4	3·4	...	13·6	44·2	3·4	486·4	258·5	...	...	6·8	...	17·0	...	40·8	17·0	37·4	17·0	...	778·9	231·3	2,438·8
Ghazipur	558	46·6	...	...	...	261·6	...	...	...	3·6	19·7	1·8	...	23·3	44·8	1·8	148·7	32·3	1·8	5·4	7·2	...	95·0	...	3·6	14·3	84·2	87·8	...	14·3	193·5	1,091·4

JAIL POPULATION OF INDIA, 1894.

XVII—*continued.*

TABLE showing the RATIO in which the PRINCIPAL DISEASES have contributed to make up the ADMISSION-RATE of the YEAR in the JAIL HOSPITALS of INDIA.

JAILS.	Average Annual Strength.	ADMITTED INTO HOSPITAL PER 1,000 OF AVERAGE STRENGTH.																														
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Tonsillitis and Sorethroat.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Anæmia and Debility.	Scurvy.	Acute and Chronic Rheumatism.	Eye Diseases.	Abscess, Ulcer and Boil.	Other Diseases of the Integuments.	Guinea-worm.	Other Entozoa.	All other Causes.	ALL CAUSES.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
GROUP V—*contd.*																																
Benares, Central	2,029	83·3	...	...	...	118·3	3·4	1·0	2·0	2·0	7·4	3·9	3·4	4·9	10·3	1·0	23·2	6·4	...	12·8	1·5	·5	140·5	...	4·4	6·9	26·1	15·3	...	1·0	76·9	556·4
,, District	419	43·0	11·9	...	...	217·2	9·5	4·8	...	7·2	4·8	...	2·4	2·4	26·3	...	121·7	47·7	2·4	28·6	4·8	2·4	116·9	...	7·2	2·4	74·0	23·9	...	2·4	133·7	897·4
Mirzapur	280	217·9	3·6	...	...	332·1	10·7	...	...	...	14·3	7·1	...	57·1	110·7	10·7	185·7	96·4	...	...	21·4	...	64·3	...	21·4	42·9	96·4	114·3	...	3·6	153·6	1,564·3
Azamgarh	424	11·8	4·7	...	...	283·0	14·2	...	...	...	7·1	4·7	...	4·7	54·2	...	54·2	25·9	...	...	7·1	...	89·6	...	4·7	25·9	148·6	141·5	...	4·7	245·3	1,132·1
Jaunpur	289	6·9	...	...	...	342·6	17·3	6·9	...	...	...	3·5	3·5	6·9	24·2	...	86·5	38·1	...	...	3·5	...	24·2	...	...	13·8	128·0	20·8	...	...	259·5	986·2
Gorakhpur	1,216	70·7	41·9	·8	...	451·5	2·5	...	15·6	...	9·0	·8	4·1	37·8	49·3	1·6	210·5	96·2	...	·8	18·1	1·6	32·9	1·6	10·7	27·1	75·7	65·8	...	48·5	208·1	1,483·6
Basti	367	2·7	...	...	...	294·3	2·7	...	24·5	...	2·7	...	...	8·2	8·2	...	84·5	59·9	...	...	...	...	8·2	...	8·2	2·7	59·9	16·3	...	...	57·2	640·3
Gonda	620	...	...	...	...	388·7	14·5	...	...	...	4·8	1·6	3·2	8·1	16·1	1·6	79·0	25·8	...	...	1·6	...	54·8	...	14·5	24·2	75·8	40·3	...	...	227·4	982·3
Bahraich	411	36·5	...	...	...	136·3	...	...	2·4	...	...	4·9	...	24·3	9·7	2·4	56·0	12·2	...	...	12·2	...	2·4	2·4	4·9	12·2	14·6	21·9	...	...	43·8	399·0
Fyzabad	627	39·9	...	...	...	129·2	3·2	...	1·6	...	15·9	1·6	4·8	25·5	39·9	...	57·4	41·5	...	...	...	1·6	76·6	...	...	20·7	84·5	39·9	...	...	90·9	674·6
Sultanpur	87	...	...	...	...	23·0	...	...	...	...	...	...	...	...	...	...	34·5	11·5	...	...	...	...	23·0	...	...	11·5	69·0	80·5	...	...	183·9	436·8
Rae Bareli	506	4·0	...	...	...	79·1	...	...	2·0	11·9	13·8	...	...	...	17·8	...	19·8	27·7	...	...	2·0	...	17·8	...	5·9	23·7	59·3	13·8	...	...	63·2	361·7
Partabgarh	292	...	...	...	...	236·3	3·4	...	...	...	17·1	...	3·4	6·8	34·2	...	82·2	58·2	...	3·4	10·3	...	54·8	...	10·3	68·5	106·2	54·8	...	...	222·6	972·6
Hardoi	370	...	...	...	...	302·7	...	...	...	...	5·4	...	...	10·8	27·0	...	43·2	56·8	...	...	2·7	2·7	59·5	...	...	27·0	75·7	24·3	...	...	132·4	770·3
Kheri	254	232·3	...	...	...	448·8	94·5	...	...	...	3·9	...	3·9	82·7	31·5	...	106·3	212·6	...	...	...	...	11·8	...	35·4	55·1	74·8	27·6	...	...	98·4	1,519·7
Lucknow, Central	1,528	36·6	...	...	...	118·5	...	...	...	...	7·2	...	...	2·6	24·2	1·3	41·2	34·0	...	...	...	...	8·5	...	6·5	5·9	23·6	17·7	...	...	61·5	389·4
,, District	498	112·4	...	...	...	435·7	...	...	...	...	8·0	...	12·0	18·1	44·2	6·0	124·5	62·2	...	...	12·0	2·0	12·0	...	48·2	18·1	110·4	62·2	...	...	162·7	1,251·0
Sitapur	707	223·5	5·7	4·2	...	86·3	9·9	11·3	1·4	...	2·8	4·2	2·8	25·5	26·9	...	49·5	32·5	...	...	...	5·7	8·5	...	2·8	19·8	25·5	5·7	...	1·4	80·6	636·5
Barabanki	355	126·8	...	2·8	...	76·1	5·6	2·8	...	2·8	5·6	...	...	2·8	22·5	...	50·7	11·3	...	...	...	...	5·6	...	2·8	5·6	56·3	14·1	...	...	73·2	467·6
Unao	264	...	18·9	...	...	102·3	...	...	3·8	3·8	11·4	3·8	...	15·2	18·9	3·8	45·5	11·4	...	...	11·4	...	3·8	...	7·6	15·2	87·1	26·5	...	...	181·8	572·0
Hamirpur	152	...	...	...	...	677·6	6·6	...	...	13·2	26·3	19·7	...	19·7	269·7	...	72·4	125·0	...	6·6	177·6	6·6	236·8	...	111·8	19·7	230·3	46·1	...	...	289·5	2,355·3
Orai (Jalaun)	157	...	...	...	...	662·4	6·4	...	...	...	...	...	...	...	82·8	...	63·7	152·9	...	...	25·5	...	12·7	...	38·2	38·2	44·6	12·7	...	...	133·8	1,273·9
Fatehgarh, Central	1,814	41·9	32·0	5·5	4·4	223·8	3·3	...	1·1	...	6·1	1·1	11·0	26·5	100·3	2·8	88·2	105·3	...	5·5	4·4	3·9	8·8	...	12·7	5·5	86·0	24·3	...	...	118·5	922·8
,, District	326	52·1	27·6	...	...	135·0	3·1	...	...	...	6·1	...	6·1	30·7	79·8	12·3	171·8	82·8	...	...	6·1	...	3·1	...	9·2	3·1	98·2	15·3	...	3·1	138·0	883·4
Cawnpore	387	...	5·2	2·6	...	59·4	...	...	...	...	...	...	...	15·5	25·8	...	20·7	23·3	...	...	2·6	...	168·0	...	2·6	10·3	56·8	25·8	...	...	111·1	529·7
Fatehpur	310	103·2	...	...	3·2	471·0	22·6	6·5	3·2	3·2	9·7	3·2	...	25·8	61·3	...	45·2	116·1	3·2	...	25·8	...	90·3	...	6·5	29·0	80·6	54·8	...	...	135·5	1,300·0
Banda	307	...	9·8	...	...	905·5	3·3	3·3	...	3·3	9·8	...	...	29·3	91·2	3·3	241·0	74·9	3·3	...	58·6	...	110·7	...	16·3	55·4	123·8	71·7	...	3·3	250·8	2,068·4
Allahabad, Central	2,045	·5	...	1·5	...	248·4	...	...	·5	1·0	7·8	...	·5	17·6	28·9	·5	38·1	28·9	...	...	7·3	1·5	2·4	...	16·1	17·6	73·8	38·1	...	1·5	213·2	745·7
,, District	642	...	...	...	...	336·4	1·6	4·7	9·3	...	14·0	...	3·1	43·6	99·7	...	43·6	60·7	1·6	1·6	32·7	1·6	60·7	...	7·8	20·2	87·2	76·3	...	...	211·8	1,118·4
Etawah	213	...	...	...	...	150·2	23·5	...	...	...	18·8	...	14·1	37·6	65·7	4·7	70·4	37·6	...	...	32·9	...	84·5	...	4·7	37·6	131·5	28·2	...	...	159·6	901·4
Mainpuri	331	...	...	...	...	293·1	3·0	...	...	...	6·0	3·0	...	3·0	72·5	...	12·1	48·3	...	...	6·0	...	27·2	...	3·0	21·1	63·4	33·2	...	...	105·7	700·9
GROUP VI—																																
Muttra	207	...	...	...	...	202·9	...	...	...	...	9·7	...	4·8	33·8	48·3	4·8	106·3	29·0	...	...	4·8	...	77·3	...	19·3	33·8	58·0	9·7	...	...	149·8	792·3
Etah	307	...	...	...	...	309·4	9·8	...	...	3·3	6·5	...	6·5	32·6	42·3	...	42·3	87·9	...	3·3	6·5	...	58·6	...	26·1	45·6	120·5	52·1	...	...	215·0	1,068·4
Aligarh	420	150·0	...	...	...	931·0	9·5	...	2·4	...	19·0	2·4	4·8	16·7	181·0	2·4	138·1	135·7	...	2·4	2·4	4·8	21·4	...	76·2	95·2	95·2	97·6	...	4·8	373·8	2,366·7
Bulandshahr	237	...	...	...	...	493·7	38·0	12·7	...	4·2	16·9	...	...	71·7	151·9	4·2	63·3	92·8	...	...	8·4	...	12·7	...	8·4	54·9	92·8	38·0	...	...	130·8	1,295·4

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
Shahjahanpur	364	85·2	...	...	...	329·7	5·5	...	2·7	...	2·7	...	2·7	8·2	60·4	...	85·2	60·4	...	...	11·0	2·7	68·7	...	5·5	41·2	76·9	24·7	...	...	167·6	1,041·2
Bareilly, Central	1,866	...	·5	...	...	174·2	...	...	...	...	1·1	1·1	2·7	11·3	1·1	1·1	9·1	11·8	...	...	...	1·1	19·8	...	4·3	14·5	125·9	32·2	...	·5	65·4	477·5
,, District	678	33·9	...	...	...	129·8	32·4	...	...	...	1·5	...	...	79·6	23·6	2·9	25·1	10·3	1·5	...	4·4	...	165·2	...	4·4	22·1	50·1	10·3	...	...	70·8	668·1
Budaon	327	21·4	...	...	...	223·2	...	33·6	...	...	6·1	...	...	39·8	45·9	3·1	39·8	76·5	...	...	6·1	...	94·8	...	12·2	15·3	61·2	18·3	...	3·1	94·8	795·1
Saharanpur	394	...	...	...	...	662·4	7·6	...	...	...	12·7	...	...	66·0	30·5	...	25·4	71·1	...	10·2	2·5	2·5	10·2	...	10·2	27·9	205·6	22·8	...	...	91·4	1,258·9
Bijnor	190	...	...	...	...	194·7	...	15·8	...	...	...	...	...	5·3	15·8	...	31·6	5·3	...	...	...	...	10·5	...	...	21·1	52·6	21·1	...	...	100·0	473·7
Dehra Dun	66	121·2	...	...	...	333·3	...	...	...	...	15·2	...	...	15·2	...	15·2	90·9	363·6	...	...	15·2	15·2	15·2	...	...	45·5	75·8	30·3	...	...	136·4	1,287·9
Muzaffarnagar	162	...	...	...	...	308·6	...	...	...	...	...	...	...	43·2	18·5	...	92·6	117·3	...	...	24·7	...	6·2	...	...	6·2	55·6	24·7	...	...	92·6	790·1
Moradabad	323	...	...	...	...	950·5	...	...	...	3·1	3·1	...	...	9·3	43·3	9·3	15·5	192·0	...	...	6·2	...	12·4	...	9·3	37·2	188·9	40·2	...	3·1	151·7	1,674·9
Meerut	520	92·3	...	...	...	194·2	...	15·4	...	...	3·8	...	...	17·3	40·4	...	50·0	38·5	...	3·8	38·5	1·9	36·5	...	...	61·5	51·9	67·3	...	...	88·5	801·9
Delhi	449	...	...	...	...	1,160·4	...	6·7	2·2	...	37·9	2·2	2·2	22·3	167·0	22·3	57·9	149·2	...	13·4	22·3	...	37·9	...	26·7	40·1	175·9	102·4	...	4·5	180·4	2,233·9
Rohtak	164	...	...	...	...	500·0	...	...	...	...	12·2	...	...	...	...	...	24·4	6·1	...	...	18·3	...	36·6	...	...	...	48·8	...	12·2	...	67·1	725·6
Hissar	195	...	...	...	...	605 1	15·4	...	...	...	...	...	...	20·5	41·0	30·8	41·0	123·1	...	...	15·4	...	5·1	...	...	25·6	241·0	128·2	107·7	5·1	97·4	1,502·6
Karnal	127	..	...	...	...	1,126·0	23·6	...	...	...	7·9	...	...	7·9	47·2	15·7	126·0	78·7	...	...	...	15·7	31·5	7·9	...	15·7	110·2	31·5	...	...	196·9	1,842·5
Umballa	505	33·7	...	...	...	556·4	...	...	...	...	2·0	...	...	27·7	99·0	...	43·6	67·3	...	...	9·9	...	9·9	...	...	17·8	105·0	17·8	...	...	116·8	1,106·9
Ludhiana	222	...	...	...	...	567·6	...	85·6	...	...	13·5	...	...	18·0	72·1	9·0	31·5	103·6	...	18·0	...	4·5	40·5	...	54·1	9·0	112·6	49·5	...	...	423·4	1,612·6
Hoshiarpur	62	...	...	...	...	1,822·6	48·4	...	...	...	16·1	...	...	...	129·0	80·6	112·9	64·5	...	...	...	...	16·1	...	32·3	32·3	80·6	16·1	...	...	435·5	2,887·1
Jullundur	273	...	...	...	3·7	172·2	3·7	...	...	...	18·3	...	14·7	14·7	33·0	3·7	51·3	11·0	...	...	3·7	3·7	3·7	...	...	7·3	73·3	40·3	...	...	51·3	509·2
Ferozepore	280	...	...	...	...	1,032·1	14·3	...	3·6	3·6	17·9	...	...	50·0	75·0	...	85·7	139·3	...	...	17·9	...	14·3	...	3·6	28·6	125·0	89·3	10·7	...	257·1	1,967·9
Amritsar	237	...	...	...	...	1,459·9	33·8	...	...	...	16·9	4·2	...	25·3	54·9	...	42·2	282·7	...	8·4	...	...	29·5	4·2	...	38·0	130·8	122·4	...	...	80·2	2,333·3
Lahore, Central	1,259	...	...	...	·8	1,719·6	8·7	...	...	1·6	16·7	2·4	11·1	31·8	170·0	13·5	119·1	446·4	...	·8	27·0	17·5	28·6	·8	27·8	38·1	254·2	66·7	4·0	1·6	206·5	3,215·2
,, District	421	...	...	...	...	1,038·0	...	...	...	...	2·4	...	4·8	28·5	123·5	7·1	197·1	57·0	...	...	11·9	...	7·1	...	2·4	23·8	610·5	320·7	...	...	268·4	2,703·1
,, Female	196	...	...	...	...	1,331·6	15·3	...	...	...	...	...	...	...	122·4	...	214·3	30·6	5·1	...	5·1	...	...	...	15·3	142·9	163·3	35·7	5·1	...	178·6	2,265·3
Sialkot	299	...	...	...	...	571·9	...	...	...	...	13·4	...	...	30·1	26·8	3·3	30·1	36·8	...	...	16·7	3·3	20·1	...	3·3	16·7	123·7	13·4	...	...	103·7	1,013·4
Gurdaspur	218	...	...	...	...	477·1	...	...	...	...	13·8	...	...	...	22·9	...	73·4	32·1	...	4·6	...	...	22·9	...	9·2	...	32·1	68·8	...	...	128·4	885·3
Gujranwala	350	71·4	...	...	...	637·1	...	74·3	...	...	2·9	...	...	22·9	77·1	...	94·3	77·1	...	...	11·4	2·9	11·4	...	2·9	...	80·0	77·1	...	...	65·7	1,308·6
Chinawan	868	...	...	...	3·5	1,459·7	30·0	...	...	1·2	2·3	...	...	6·9	85·3	2·3	85·3	179·7	...	...	1·2	1·2	1·2	...	4·6	1·2	213·1	55·3	10·4	...	44·9	2,188·9
Gujrat	107	...	...	...	...	813·1	...	...	...	...	...	...	...	...	56·1	37·4	112·1	56·1	...	...	...	9·3	9·3	...	...	...	56·1	18·7	...	...	112·1	1,280·4
Jhelum	200	...	...	...	...	930·0	...	5·0	...	...	15·0	...	...	35·0	60·0	...	25·0	45·0	...	...	...	...	30·0	...	5·0	20·0	125·0	60·0	15·0	...	135·0	1,505·0
Rawalpindi	649	...	...	...	...	670·3	...	18·5	1·5	...	13·9	1·5	6·2	20·0	60·1	29·3	149·5	114·0	...	3·1	16·9	1·5	27·7	...	13·9	21·6	400·6	63·2	9·2	...	138·7	1,781·2
GROUP VII—																																
Shahpur	232	...	...	...	...	577·6	...	21·6	...	4·3	4·3	...	...	17·2	12·9	...	25·9	120·7	...	...	4·3	8·6	...	...	8·6	8·6	56·0	34·5	56·0	...	137·9	1,099·1
Montgomery	1,117	21·5	...	...	...	211·3	1·8	3·6	...	17·0	3·6	...	3·6	13·4	35·8	2·7	65·4	34·0	...	...	6·3	...	21·5	1·8	6·3	5·4	130·7	15·2	1·8	...	76·1	678·6
Jhang	210	...	...	...	...	538·1	...	...	...	4·8	19·0	...	...	14·3	85·7	...	109·5	181·0	...	...	...	...	...	...	9·5	9·5	81·0	28·6	...	...	133·3	1,214·3
Mooltan, Central	653	...	...	...	...	771·8	10·7	...	...	7·7	30·6	...	9·2	38·3	104·1	...	108·7	157·7	...	1·5	36·8	1·5	122·5	3·1	19·9	32·2	215·9	39·8	1·5	...	182·2	1,895·9
,, District	534	65·5	...	...	...	468·2	...	...	...	33·7	13·1	1·9	...	39·3	84·3	11·2	46·8	258·4	..	...	11·2	5·6	13·1	9·4	3·7	3·7	106·7	48·7	...	...	114·2	1,339·0
Dera Ghazi Khan	305	98·4	...	...	...	1,029·5	36·1	23·0	...	3·3	16·4	...	...	29·5	88·5	6·6	49·2	154·1	...	...	...	6·6	16·4	...	13·1	45·9	334·4	39·3	3·3	...	219·7	2,213·1
Dera Ismail Khan	412	...	...	...	...	856·8	2·4	...	...	4·9	...	...	...	19·4	31·6	7·3	65·5	29·1	...	...	2·4	2·4	2·4	...	2·4	24·3	101·9	14·6	89·8	...	80·1	1,337·4
Bannu	104	...	...	...	...	134·6	9·6	...	...	...	...	...	...	19·2	...	...	19·2	19·2	...	...	9·6	...	...	...	...	28·8	144·2	...	76·9	...	163·5	625·0
Kohat	99	...	...	...	...	1,292·9	20·2	...	...	...	...	...	...	60·6	20·2	...	30·3	50·5	...	...	10·1	...	10·1	...	...	30·3	111·1	20·2	30·3	...	80·8	1,767·7
Peshawar	362	...	...	...	...	1,779·0	11·0	16·6	...	...	5·5	...	2·8	11·0	13·8	5·5	105·0	55·2	...	...	5·5	...	...	...	8·3	5·5	218·2	27·6	...	...	143·6	2,414·4
Kurrachee	353	...	...	...	...	90·6	14·2	...	...	...	...	...	...	62·3	87·8	...	39·6	...	...	...	...	2·8	8·5	8·5	5·7	2·8	19·8	5·7	5·7	...	104·8	484·4
Hyderabad	592	...	...	...	...	277·0	5·1	...	...	...	6·8	3·4	...	35·5	172·3	3·4	59·1	82·8	...	1·7	...	6·8	5·1	15·2	22·0	1·7	23·6	1·7	1·7	...	81·1	805·7
Sindh Convict Gang (Nara)	309	...	...	...	...	139·1	3·2	...	...	...	3·2	...	...	97·1	64·7	...	77·7	16·2	...	...	...	...	38·8	6·5	29·1	3·2	9·7	9·7	3·2	3·2	38·8	543·7
Shikarpur	483	...	...	...	...	105·6	...	...	...	10·3	6·2	...	2·1	43·5	53·8	...	58·0	24·8	...	...	6·2	...	8·3	24·8	4·1	4·1	29·0	20·7	..	2·1	55·9	459·6
GROUP VIII—																																
Agra, Central	1,920	72·4	·5	...	...	131·8	...	...	4·7	·5	3·1	·5	21·4	14·6	27·1	·5	63·0	41·1	...	·5	2·6	·5	69·8	...	4·2	9·9	15·6	4·2	2·1	...	46·9	537·5
,, District	548	188·0	...	...	...	107·7	...	...	...	...	3·6	...	...	9·1	38·3	...	47·4	27·4	...	...	9·1	5·5	87·6	...	3·6	12·8	98·5	12·8	3·6	...	74·8	729·9
Jhansi	232	...	...	...	...	405·2	38·8	4·3	4·3	4·3	12·9	...	...	43·1	56·0	...	30·2	30·2	...	...	21·6	4·3	34·5	...	17·2	25·9	47·4	8·6	...	...	172·4	961·2
Lalitpur	104	134·6	...	19·2	...	326·9	...	19·2	19·2	...	9·6	...	...	...	9·6	...	28·8	28·8	...	...	48·1	...	...	...	19·2	28·8	96·2	48·1	...	...	57·7	894·2
Ajmere	333	...	...	...	...	84·1	45·0	...	...	...	3·0	...	...	24·0	18·0	...	9·0	...	...	...	6·0	...	...	...	...	3·0	18·0	15·0	6·0	...	45·0	276·3
Ahmedabad	482	...	...	...	...	114·1	43·6	14·5	4·1	...	6·2	...	...	76·8	74·7	...	29·0	2·1	...	...	...	...	16·6	...	2·1	20·7	18·7	12·4	2·1	4·1	33·2	475·1
Kaira	176	...	...	...	...	142·0	5·7	...	...	...	5·7	...	5·7	130·7	11·4	...	125·0	79·5	...	...	22·7	11·4	11·4	...	5·7	22·7	34·1	11·4	...	...	45·4	670·4
Rajkot	54	...	...	...	...	259·2	...	18·5	...	...	18·5	...	...	...	18·5	...	18·5	55·5	...	...	...	...	...	...	...	...	92·6	18·5	18·5	...	74·1	592·6
Dhuliakot	194	...	...	...	...	304·1	...	...	...	...	5·1	...	...	15·5	51·5	...	61·8	30·9	...	10·3	10·3	...	10·3	...	...	5·1	25·8	15·5	15·5	...	25·8	587·6
Surat	210	...	9·0	...	...	57·1	...	...	...	...	...	...	4·8	4·8	...	...	47·6	14·3	...	...	...	...	14·3	...	19·0	...	4·8	...	9·5	...	33·3	228·6

JAIL POPULATION OF INDIA, 1894.

XVII—*concluded.*

TABLE showing the RATIO in which the PRINCIPAL DISEASES have contributed to make up the ADMISSION-RATE of the YEAR in the JAIL HOSPITALS of INDIA.

JAILS.	Average Annual Strength.	ADMITTED INTO HOSPITAL PER 1,000 OF AVERAGE STRENGTH.																													
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Tonsillitis and Sorethroat.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Anæmia and Debility.	Scurvy.	Acute and Chronic Rheumatism.	Eye Diseases.	Abscess, Ulcer and Boil.	Other Diseases of the Integuments.	Guinea-worm.	Other Entozoa.	All other Causes.	ALL CAUSES.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
GROUP IX—																																
Nasik	47	...	21·3	...	...	21·3	...	...	...	...	...	...	...	...	...	...	148·9	42·6	...	...	...	...	...	...	...	...	...	21·3	21·3	...	85·1	361·7
Dhulia	380	...	2·6	...	...	100·0	...	...	...	...	5·3	...	...	15·8	2·6	2·6	36·8	15·8	...	7·9	15·8	...	5·3	...	5·3	...	7·9	...	2·6	...	13·1	239·5
Yerrowda	1,495	...	4·0	...	...	637·5	4·0	...	·7	...	38·8	2·7	·7	10·0	57·5	3·3	28·1	163·9	·7	·7	1·3	6·0	12·0	·7	41·5	31·4	123·1	144·5	20·7	2·0	180·6	1,516·4
Dharwar	356	185·4	...	...	2·8	235·9	2·8	44·9	...	...	...	...	...	2·8	36·5	...	87·1	143·2	...	2·8	...	...	16·8	...	11·2	19·7	75·8	50·6	22·5	...	87·1	1,028·1
Bijapur, District	278	...	...	...	...	1,334·5	...	...	...	...	14·4	...	...	18·0	43·2	14·4	46·8	71·9	...	...	10·8	...	...	...	18·0	10·8	39·6	28·8	68·3	...	104·3	1,823·7
Deccan Gang	254	...	...	...	...	118·1	...	...	...	...	...	...	...	...	11·8	...	15·7	3·9	...	...	3·9	...	11·8	7·9	11·8	...	15·7	3·9	3·9	...	43·3	252·0
Amraoti	511	115·5	...	...	...	600·8	3·9	...	...	...	11·7	...	...	9·8	31·3	5·9	27·4	45·0	...	...	7·8	7·8	19·6	...	9·8	11·7	60·7	41·1	2·0	...	180·0	1,191·8
Akola	528	162·9	...	...	...	161·0	1·9	92·8	1·9	...	7·6	1·9	...	18·9	210·2	1·9	41·7	34·1	1·9	3·8	5·7	3·8	28·4	475·4	62·5	36·0	58·7	54·9	11·4	3·8	253·8	1,736·7
Ellichpur	44	...	...	...	...	181·8	...	...	...	...	...	...	...	22·7	22·7	...	22·7	...	...	...	...	22·7	...	...	45·5	22·7	22·7	90·9	...	...	159·1	613·6
Buldana	63	...	...	...	...	746·0	...	...	...	...	...	15·9	...	15·9	15·9	31·7	...	63·5	...	...	...	...	15·9	...	...	...	47·6	31·7	127·0	...	158·7	1,269·8
Basim	58	...	...	17·2	...	172·4	...	51·7	...	...	...	...	...	51·7	34·5	...	51·7	34·5	...	...	17·2	...	69·0	...	...	34·5	69·0	34·5	...	...	69·0	706·9
Yeotmahl	81	...	...	...	...	296·3	...	86·4	...	...	12·3	12·3	...	37·0	61·7	...	24·7	12·3	...	...	12·3	24·7	49·4	...	...	12·3	49·4	37·0	...	...	74·1	802·5
Secunderabad	82	...	...	...	...	243·9	...	...	12·2	...	12·2	...	...	12·2	36·6	...	36·6	24·4	...	...	24·4	...	...	...	12·2	24·4	73·2	97·6	61·0	...	219·5	890·2
Jubbulpore	1,305	150·2	...	...	...	233·7	1·5	...	...	...	5·4	...	...	23·0	70·5	...	33·7	20·7	·8	1·5	7·7	2·3	6·1	·8	9·2	10·7	27·6	16·1	2·3	...	61·3	685·1
Saugor	165	...	...	...	...	54·5	36·4	...	...	...	...	...	...	24·2	36·4	...	36·4	36·4	6·1	...	12·1	6·1	42·4	...	6·1	24·2	66·7	6·1	12·1	...	78·8	484·8
Damoh	86	...	...	...	...	186·0	23·3	...	...	11·6	23·3	...	...	34·9	46·5	...	81·4	46·5	...	...	23·3	11·6	116·3	...	...	34·9	116·3	34·9	46·5	...	302·3	1,139·5
Sambalpur	146	...	13·7	...	6·8	458·9	...	...	...	...	...	6·8	...	13·7	20·5	...	171·2	130·1	...	...	6·8	...	41·1	...	13·7	27·4	41·1	6·8	...	...	20·5	979·5
Raipur	686	...	...	27·7	...	301·8	...	10·2	32·1	1·5	...	1·5	...	11·7	21·9	...	37·9	19·0	...	...	7·3	...	8·7	...	7·3	17·5	40·8	40·8	...	...	119·5	707·0
Bilaspur	135	22·2	...	...	...	585·2	...	...	...	7·4	22·2	...	...	66·7	29·6	7·4	229·6	222·2	...	...	...	...	37·0	59·3	14·8	7·4	133·3	96·3	...	...	163·0	1,703·7
Mandla	66	...	...	...	...	75·8	...	...	...	...	...	...	...	...	15·2	...	75·8	15·2	...	...	...	...	30·3	...	...	15·2	15·2	45·5	...	...	212·1	500·0
Seoni	106	...	...	...	...	405·7	...	...	...	...	...	...	...	56·6	84·9	...	94·3	28·3	...	...	56·6	...	28·3	9·4	...	28·3	113·2	94·3	...	...	66·0	1,066·0
Chhindwara	99	...	...	...	...	60·6	10·1	...	...	...	...	...	...	...	10·1	...	70·7	40·4	...	...	...	...	...	...	...	...	20·2	...	...	...	10·1	222·2
Betul	61	...	...	...	...	163·9	32·8	...	...	...	...	16·4	...	...	16·4	...	131·1	32·8	...	...	...	...	...	...	16·4	65·6	82·0	16·4	...	...	82·0	655·7
Narsinghpur	123	...	...	...	...	162·6	...	195·1	...	8·1	16·3	32·5	...	8·1	105·7	...	56·9	203·3	...	16·3	81·3	8·1	48·8	8·1	56·9	56·9	211·4	48·8	...	...	292·7	1,617·9
Hoshangabad	129	...	...	...	...	441·9	46·5	...	...	...	62·0	...	...	7·8	62·0	...	302·3	317·8	...	...	...	...	54·3	7·8	15·5	15·5	286·8	15·5	...	...	162·8	1,798·5
Nimar	62	...	...	...	...	177·4	...	...	...	...	...	16·1	...	...	...	...	112·9	64·5	...	...	16·1	...	...	...	...	16·1	80·6	...	...	...	112·9	596·8
Nagpur	989	181·0	...	...	1·0	524·8	1·0	...	1·0	1·0	3·0	1·0	3·0	9·1	78·9	...	58·6	33·4	...	...	11·1	5·1	7·1	199·2	11·1	12·1	68·8	21·2	...	...	91·0	1,323·6
Bhandara	82	...	...	...	...	122·0	...	12·2	...	...	...	...	...	...	12·2	...	24·4	...	...	...	...	...	48·8	...	12·2	48·8	207·3	24·4	...	...	353·7	865·9
Wardha	56	...	...	...	...	946·4	...	...	...	...	17·9	17·9	...	17·9	17·9	17·9	89·3	71·4	...	17·9	17·9	17·9	...	...	17·9	17·9	142·9	142·9	...	...	410·7	1,982·1
Chanda	117	8·5	...	...	...	324·8	8·5	...	...	...	...	8·5	...	25·6	34·2	...	25·6	42·7	...	...	17·1	...	17·1	...	8·5	17·1	111·1	25·6	8·5	...	247·9	931·6
Sironcha	6	...	...	...	...	...	...	...	...	...	...	...	...	...	166·7	...	...	666 7	...	...	...	...	...	...	...	...	...	166·7	...	...	166·7	1,166·7
Balaghat	84	...	...	...	...	369·0	...	11·9	...	...	...	...	...	11·9	35·7	...	83·3	71·4	...	...	23·8	...	...	...	...	35·7	71·4	35·7	...	...	83·3	833·3
GROUP X—																																
Thana	742	...	2·7	...	...	324·8	32·3	6·7	2·7	...	8·1	8·1	1·3	8·1	45·8	4·0	66·0	62·0	...	...	12·1	2·7	20·2	1·3	1·3	14·8	71·4	148·2	44·5	4·0	200·8	1,094·3
Bombay, Common	294	...	3·4	...	...	71·4	10·2	...	...	...	3·4	3·4	10·2	6·8	17·0	...	37·4	57·8	...	6·8	...	...	...	...	13·6	...	27·2	...	...	...	23·8	292·5
„ House of Correction	315	...	...	...	...	57·1	3·2	...	...	...	6·3	...	...	...	28·5	...	9·5	25·4	...	...	...	3·2	6·3	3·2	3·2	19·0	44·4	6·3	3·2	...	88·8	307·6
Ratnagiri	92	...	...	...	...	304·3	...	...	...	...	...	...	...	...	...	...	119·6	...	...	...	...	...	10·9	...	10·9	...	...	21·7	21·7	...	76·1	565·2

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
Karwar . . .	91	...	...	...	...	22·0	...	...	...	...	...	...	...	43·9	...	...	54·9	...	...	11·0	...	...	...	...	...	...	...	...	...	...	...	131·9
Mangalore . . .	91	...	...	...	...	98·9	...	54·9	11·0	...	11·0	54·9	...	...	11·0	11·0	197·8	...	...	...	22·0	11·0	11·0	...	11·0	11·0	131·9	...	...	11·0	186·8	846·2
Cannanore . . .	730	...	...	...	...	100·0	17·8	127·4	...	...	9·6	12·3	4·1	8·2	58·9	...	61·6	26·0	...	8·2	...	9·6	46·6	1·4	31·5	20·5	163·0	63·0	...	17·8	283·6	1,071·2
Group XI—																																
Madras, Debtors, Natives	26	...	...	...	...	423·1	...	...	...	...	38·5	...	...	...	38·5	...	38·5	76·9	...	...	...	...	76·9	...	153·8	...	307·7	115·4	...	...	461·5	1,730·8
„ Penitentiary „	829	31·4	...	...	...	313·6	1·2	14·5	2·4	...	18·1	3·6	10·9	3·6	49·5	2·4	21·7	42·2	...	...	3·6	7·2	144·8	...	22·9	2·4	86·9	89·3	15·7	1·2	381·2	1,270·2
„ „ Europeans	10	100·0	...	...	...	200·0	...	...	...	...	...	...	...	...	...	...	100·0	...	...	...	...	...	200·0	...	...	...	...	200·0	...	100·0	1,400·0	2,300·0
Bellary . . .	354	115·8	...	...	...	474·6	8·5	...	5·6	...	5·6	5·6	8·5	19·8	33·9	...	180·8	98·9	...	...	8·5	5·6	16·9	...	8·5	11·3	48·0	11·3	25·4	...	110·2	1,203·4
Vellore . . .	1,036	217·2	13·5	...	...	186·3	3·9	21·2	34·7	...	12·5	...	4·8	2·9	13·5	1·0	68·5	103·3	...	1·0	3·9	5·8	34·7	...	9·7	3·9	46·3	12·5	6·8	...	86·9	894·8
Cuddalore . . .	218	...	...	...	...	4·6	4·6	27·5	36·7	...	...	...	4·6	13·8	32·1	...	156·0	22·9	...	...	...	4·6	...	...	22·9	...	4·6	...	50·5	...	133·0	518·3
Cuddapah . . .	189	...	...	...	...	1,195·8	47·6	5·3	...	...	...	5·3	5·3	31·7	52·9	...	74·1	21·2	...	...	37·0	5·3	10·6	...	5·3	37·0	74·1	21·2	10·6	...	100·5	1,740·7
Coimbatore . .	954	...	...	...	...	34·6	...	16·8	4·2	...	4·2	1·0	...	8·4	32·5	...	37·7	...	...	...	2·1	2·1	28·3	...	3·1	15·7	55·6	15·7	41·9	...	120·5	424·5
Madura . . .	379	...	...	...	...	5·3	13·2	116·1	2·6	...	2·6	...	2·6	10·6	7·9	...	66·0	52·8	...	...	5·3	2·6	5·3	...	...	...	18·5	2·6	13·2	...	50·1	377·3
Trichinopoly . .	933	138·3	1·1	...	...	121·1	2·1	27·9	...	...	4·3	1·1	2·1	8·6	33·2	...	17·1	51·4	...	...	...	...	13·9	...	7·5	13·9	32·2	17·1	31·1	...	81·5	605·6
Salem . . .	620	...	...	...	...	38·7	...	3·2	6·5	...	3·2	1·6	4·8	4·8	75·8	1·6	25·8	14·5	1·6	3·2	8·1	1·6	6·5	...	4·8	14·5	40·3	8·1	38·7	1·6	109·7	419·4
Tanjore . . .	346	...	...	...	...	17·3	...	17·3	5·8	...	5·8	...	11·6	2·9	31·8	...	54·9	37·6	...	...	2·9	2·9	8·7	...	8·7	2·9	8·7	5·8	5·8	...	104·0	335·3
Palamcottah . .	354	...	...	...	...	8·5	2·8	65·0	25·4	...	5·6	2·8	5·6	11·3	11·3	2·8	67·8	25·4	...	...	...	...	48·0	...	14·1	2·8	16·9	8·5	8·5	...	81·9	415·3
Rajamundry . .	795	...	...	1·3	...	211·3	1·3	...	7·5	2·5	7·5	1·3	5·0	3·8	40·3	...	28·9	127·0	...	...	3·8	1·3	20·1	...	13·8	6·3	23·9	7·5	10·1	2·5	98·1	625·2
Vizagapatam . .	193	...	...	...	...	67·4	5·2	...	10·4	...	5·2	...	15·5	...	25·9	...	46·6	46·6	5·2	...	...	5·2	36·3	...	...	...	20·7	...	...	...	67·4	357·5
Nellore . . .	93	...	...	...	...	107·5	...	215·1	43·0	...	43·0	...	...	10·8	96·8	...	10·8	43·0	...	...	...	...	32·3	...	21·5	...	139·8	...	10·8	...	118·3	892·5
Berhampur . .	116	...	...	...	...	86·2	...	...	...	...	8·6	...	8·6	8·6	8·6	...	103·4	...	...	...	...	8·6	25·9	...	25·9	...	17·2	25·9	...	...	77·6	405·2
Group XII—																																
Darjeeling . . .	62	...	...	...	...	500·0	64·5	...	...	...	...	...	...	16·1	...	...	209·7	145·2	...	...	16·1	...	16·1	...	...	...	...	...	...	...	209·7	1,177·4
Almora . . .	85	152·9	...	...	...	270·6	11·8	...	...	...	...	...	...	23·5	47·1	...	94·1	47·1	...	...	...	...	11·8	...	23·5	11·8	129·4	11·8	...	...	94·1	929·4
Simla . . .	12	...	...	...	...	333·3	...	...	...	...	...	...	...	...	166·7	166·7	...	83·3	...	...	...	...	...	...	...	...	83·3	...	...	...	166·7	1,000·0
Dharmsala . . .	106	...	...	...	28·3	273·6	...	...	...	...	...	...	...	9·4	66·0	...	47·2	113·2	...	...	...	...	28·3	...	28·3	28·3	37·7	...	...	...	132·1	792·5
Abbottabad . .	81	...	...	...	...	629·6	24·7	24·7	...	...	49·4	...	...	...	37·0	12·3	37·0	111·1	...	...	37·0	...	24·7	12·3	...	...	172·8	12·3	...	...	172·8	1,358·0
Russellkonda . .	76	...	...	...	...	342·1	...	...	...	...	...	...	...	...	13·2	...	26·3	...	...	13·2	...	...	...	...	13·2	13·2	26·3	26·3	...	...	92·1	565·8
Parvatipur . . .	214	...	...	...	...	144·9	9·3	...	4·7	...	...	...	...	...	23·4	...	196·3	126·2	...	4·7	9·3	4·7	70·1	...	...	...	14·0	4·7	...	...	42·1	654·2
Shillong . . .	52	...	...	...	...	230·8	...	...	...	...	...	...	...	...	19·2	...	134·6	115·4	...	...	19·2	...	38·5	...	19·2	...	38·5	19·2	...	19·2	96·1	750·0
Quetta . . .	67	...	...	...	...	2,104·5	74·6	149·3	...	...	14·9	...	...	44·8	104·5	44·8	268·7	253·7	...	...	59·7	14·9	29·9	14·9	44·8	...	417·9	74·6	...	14·9	358·2	4,089·6
Extra India—																																
Aden	59	...	...	...	...	678·0	16·9	...	16·9	...	...	...	...	33·9	16·9	...	16·9	33·9	...	...	...	...	50·8	...	33·9	...	...	33·9	...	...	50·8	983·0

JAIL POPULATION OF INDIA, 1894.

XVIII.

TABLE showing the RATIO in which the PRINCIPAL DISEASES have contributed to make up the DEATH-RATE of the YEAR in the JAIL HOSPITALS of INDIA.

JAILS.	Average Annual Strength.	Died per 1,000 of the Average Strength.																								
		Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Phagedæna, Slough, and Gangrene.	Injuries and Suicide.	All other Causes.	ALL CAUSES.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
GROUP I—																										
Akyab	318	34·59	...	...	...	...	...	...	3·14	3·14	3·14	...	...	6·29	28·30	3·14	...	...	...	9·43	...	...	...	3·14	3·14	97·48
Kyaukpyu	165	54·55	...	...	...	...	...	...	...	...	...	...	6·06	...	...	...	6·06	...	...	...	...	12·12	...	...	...	78·79
Sandoway	61	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	16·39	16·39
Henzada	345	2·90	...	...	...	...	...	...	...	...	5·80	...	...	...	2·90	2·90	...	...	...	...	...	...	...	2·90	...	17·39
Bassein	1,104	...	...	·91	...	...	·91	...	...	...	·91	1·81	...	1·81	6·34	2·72	...	...	...	...	...	·91	...	...	·91	17·21
Maubin	324	3·09	...	...	...	...	...	...	...	6·17	...	...	...	...	3·09	6·17	...	3·09	...	...	...	...	...	6·17	...	27·78
Rangoon (Europeans)	31	...	...	...	...	...	...	...	...	...	...	...	...	...	32·26	...	...	...	...	...	...	...	...	...	...	32·26
,, (Natives)	2,443	·41	...	...	·41	2·05	·41	...	...	3·68	1·64	2·46	4·50	·82	4·09	...	...	...	...	1·23	2·05	·82	...	1·64	5·32	31·52
Insein	2,011	...	...	·99	...	1·49	...	...	...	·99	·99	4·48	1·49	1·99	5·97	2·49	...	...	...	·99	·99	·50	...	...	5·97	29·34
Moulmein	831	...	...	...	...	...	...	...	...	1·20	2·41	6·02	2·41	...	16·85	4·81	...	...	...	7·22	...	...	...	...	4·81	45·73
Tavoy	110	...	...	...	...	...	...	...	...	18·18	...	...	...	...	...	9·09	...	...	...	9·09	...	...	...	...	...	36·36
Mergui	28	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Toungoo	365	...	...	...	...	5·48	...	...	...	...	...	...	...	...	2·74	...	...	...	...	...	...	...	...	...	5·48	13·70
Shwegyin	203	...	...	...	...	...	...	...	...	...	4·93	...	...	...	4·93	...	...	...	...	...	...	...	...	...	9·85	19·70
Port Blair	10,419	...	...	...	...	4·42	...	...	...	·29	·19	...	1·15	4·13	5·28	4·13	·10	·10	·10	...	...	5·57	...	2·78	2·50	30·71
GROUP II—																										
Thayetmyo	1,190	·84	...	·84	...	...	...	...	...	...	...	5·88	2·52	...	2·52	...	...	...	...	...	...	...	...	...	1·68	14·29
Myingyan	945	1·06	...	1·06	2·12	...	...	...	...	3·17	...	3·17	2·12	...	2·12	5·29	...	1·06	...	...	...	...	...	...	1·06	22·22
Myanaung	80	...	...	...	...	12·50	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12·50	25·00
Monywa	79	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pakôkku	72	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Yeu	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Yamêthin	106	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Taungdwingyi	50	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pagan	62	32·26	...	...	...	...	...	...	...	...	...	...	...	...	16·13	...	...	...	...	...	...	...	...	...	145·16	193·55
Minbu	105	9·52	...	...	...	...	...	...	...	...	...	9·52	...	...	...	...	...	...	...	...	...	...	...	...	...	19·05
Magwe	143	...	...	...	...	...	...	...	...	...	...	...	...	...	6·99	...	...	...	...	...	...	...	...	...	...	6·99
Mandalay	1,000	19·00	...	...	...	...	...	...	...	1·00	...	4·00	3·00	...	...	1·00	...	...	...	1·00	...	1·00	...	...	1·00	31·00
Shwebo	124	...	...	...	...	...	...	...	...	...	...	...	...	...	8·06	8·06	...	...	...	...	...	...	...	...	8·06	24·19
Bhamo	64	...	...	...	...	...	...	...	...	...	...	...	...	15·62	62·50	...	...	...	...	...	...	...	...	...	...	78·12
Meiktila	120	...	...	...	...	...	...	...	...	...	...	...	8·33	...	...	...	...	...	...	...	...	...	...	...	8·33	16·67
Katha	72	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kindat	69	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	14·49	...	...	...	...	14·49	28·99
Prome	16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP III—																										
Sylhet	553	...	...	...	12·66	...	...	...	1·81	...	...	...	3·62	1·81	7·23	7·23	1·81	...	1·81	...	...	3·62	...	...	3·62	45·21
Cachar (Silchar)	71	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	28·17	...	28·17

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Gauhati	105	...	...	...	...	...	...	...	...	...	...	...	...	...	19·05	...	...	...	...	...	...	19·05	...	...	...	38·10
Tezpur	287	...	...	...	6·94	...	...	...	3·47	...	...	...	...	3·47	20·83	24·31	...	...	...	...	...	13·89	...	...	13·89	86·81
Sibsagar	78	...	...	...	...	...	...	...	...	...	...	...	...	...	12·82	25·64	...	...	...	...	...	...	...	...	...	38·46
Dibrugarh	65	...	...	...	...	...	...	...	...	...	...	...	15·38	15·38	46·15	15·38	...	...	15·38	...	...	...	...	...	...	107·69
Dhubri	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowgong	40	...	...	...	...	25·00	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	25·00	50·00
GROUP IV—																										
Presidency (Europeans)	35	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, (Natives)	1,238	·81	...	...	2·42	·81	...	...	...	...	1·62	3·23	3·23	...	6·46	1·62	...	...	...	·81	...	...	...	...	7·27	28·27
Alipore	1,720	1·16	...	...	5·23	·58	...	·58	...	·58	1·16	7·56	10·47	1·16	4·65	...	...	...	...	1·16	...	·58	...	...	2·33	37·21
Baraset	90	33·33	...	...	...	11·11	...	...	...	...	...	...	...	...	11·11	...	...	...	...	...	...	...	...	...	...	55·56
Jessore	242	...	...	...	4·13	4·13	...	...	...	...	...	...	4·13	...	12·40	4·13	...	...	...	...	...	...	...	4·13	...	33·06
Khulna	42	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Palamow (Daltongunge)	46	108·70	...	...	...	...	...	...	...	21·74	...	...	21·74	...	...	...	...	...	...	...	...	...	...	21·74	...	173·91
Krishnagar (Nadia)	156	...	...	...	...	...	...	...	...	...	...	...	...	...	6·41	...	...	...	...	...	...	...	...	...	6·41	12·82
Murshidabad (Berhampore)	239	...	...	...	4·18	...	...	...	...	...	...	...	...	...	...	4·18	...	...	...	...	...	...	...	...	...	8·37
Hooghly	398	...	...	...	...	...	...	...	...	...	...	...	7·54	2·51	15·08	2·51	2·51	...	...	...	...	...	...	...	...	30·15
Burdwan	222	9·01	...	9·01	4·50	4·50	..	...	...	...	...	...	...	9·01	27·03	4·50	...	...	...	...	...	...	...	...	4·50	72·07
Malda	64	...	...	...	...	...	...	...	...	...	...	...	...	...	15·62	...	...	...	...	...	...	...	...	...	...	15·62
Purnea	155	...	...	...	...	...	...	...	...	6·45	...	...	19·35	...	12·90	...	...	...	...	...	...	19·35	...	...	...	58·06
Jalpaiguri	82	...	...	...	...	...	...	...	...	...	...	...	...	...	60·98	...	...	...	...	...	...	...	...	...	12·20	73·17
Dinajpur	147	...	...	...	...	...	...	...	...	...	...	34·01	...	...	6·80	...	...	...	...	...	...	...	...	...	...	40·82
Rangpur	133	...	...	...	...	...	...	...	...	...	7·52	...	7·52	...	22·56	15·04	...	...	...	...	...	...	...	...	...	52·63
Rajshahi	675	...	...	...	...	...	...	...	...	...	...	7·41	2·96	...	7·41	...	...	...	1·48	...	...	...	...	...	1·48	20·74
Bogra	121	...	...	...	...	...	...	...	...	...	...	...	8·26	...	...	...	...	...	...	8·26	...	...	...	...	...	16·53
Mymensingh	332	...	...	...	...	...	...	...	...	...	3·01	6·02	6·02	...	18·07	3·01	...	...	...	3·01	...	...	...	...	...	39·16
Pubna	134	...	...	...	...	7·46	...	...	...	...	...	...	7·46	...	14·93	...	...	...	...	...	...	...	...	...	...	29·85
Faridpur	353	...	...	...	...	2·83	...	...	...	...	...	...	2·83	...	...	2·83	...	...	2·83	...	...	...	...	2·83	...	14·16
Backergunge (Barisal)	432	2·31	...	...	4·63	2·31	...	...	...	2·31	2·31	...	...	2·31	16·20	4·63	...	...	2·31	2·31	...	6·94	...	...	2·31	50·93
Noakhali	99	...	...	..	...	...	...	...	...	...	...	...	...	10·10	...	...	...	...	...	...	...	...	...	...	...	10·10
Chittagong	159	...	...	...	...	...	...	...	...	...	...	...	...	6·29	...	...	...	...	...	...	...	...	...	...	6·29	12·58
Tippera (Comilla)	127	...	...	...	...	...	...	...	...	...	...	...	7·87	15·75	...	...	...	...	...	7·87	...	7·87	...	...	...	39·37
Dacca	1,124	2·67	...	...	...	...	...	...	...	2·67	4·45	3·56	2·67	2·67	19·57	...	...	...	...	...	...	16·01	...	...	...	54·27
Cuttack	280	3·57	...	...	...	7·14	...	...	...	...	...	...	...	7·14	7·14	3·57	...	...	...	...	...	...	...	...	...	28·57
Puri	95	31·58	...	...	...	...	...	...	...	...	10·53	...	...	...	...	...	...	...	..	...	...	...	...	...	21·05	63·16
Balasore	128	7·81	...	...	7·81	...	...	...	7·81	...	...	...	...	7·81	54·69	7·81	...	...	...	15·63	...	7·81	...	...	...	117·19
Midnapore	807	...	...	...	1·24	...	...	...	...	2·48	1·24	16·11	8·67	...	16·11	1·24	...	...	...	...	...	...	...	...	4·96	52·04
Bankura	309	...	...	...	...	...	...	...	...	...	...	...	9·71	...	12·94	6·47	...	...	...	3·24	...	...	..	...	3·24	35·60
Purulia (Manbhum)	118	...	...	...	...	...	...	...	...	...	...	...	...	8·47	8·47	...	...	...	...	...	...	...	...	...	16·95	33·90
Suri (Birbhum)	168	...	...	...	...	...	...	...	...	...	...	...	...	...	29·76	...	...	...	...	...	...	...	...	...	17·86	47·62
Naya Dumka	82	...	...	12·20	...	12·20	...	...	...	...	...	...	12·20	12·20	60·98	...	...	...	...	...	...	...	...	...	12·20	121·95
GROUP V—																										
Monghyr	299	10·03	...	...	...	...	...	...	...	...	...	3·34	3·34	...	3·34	23·41	...	...	...	...	...	3·34	...	...	3·34	50·17
Bhagalpur	1,302	...	...	...	...	3·84	...	...	...	...	·77	4·61	...	1·54	17·67	8·45	...	...	·77	...	...	·77	...	·77	8·45	47·62
Chaibassa (Singhbhum)	151	125·83	...	...	...	6·62	...	...	...	...	...	...	19·87	6·62	86·09	6·62	...	...	...	...	...	6·62	...	6·62	...	264·90
Ranchi (Lohardaga)	192	...	...	...	...	...	...	...	...	5·21	...	...	...	...	10·42	10·42	5·21	...	...	5·21	...	5·21	...	...	...	41·67
Hazaribagh	560	...	...	...	3·57	...	...	...	...	...	1·79	21·43	1·79	1·79	33·93	1·79	..	...	...	...	...	...	...	...	5·36	71·43
Gaya	425	47·06	...	...	...	...	...	...	2·35	4·71	...	...	...	...	7·06	7·06	...	...	...	...	...	2·35	...	...	...	70·59
Patna (Bankipore)	307	3·26	...	...	...	3·26	...	...	...	...	...	...	...	3·26	26·06	9·77	...	...	...	...	...	...	...	...	...	45·60
Arrah (Shahabad)	250	8·00	...	...	...	...	...	...	...	...	...	4·00	...	4·00	36·00	4·00	...	...	...	...	...	...	...	...	4·00	60·00
Buxar	1,082	...	...	...	2·77	2·77	...	...	...	...	·92	...	3·70	5·55	21·26	1·85	...	...	...	·92	...	...	...	...	3·70	43·44
Champarun (Motihari)	326	...	...	...	3·07	6·13	...	...	...	...	...	3·07	12·27	3·07	33·74	3·07	...	...	3·07	...	6·13	3·07	...	...	6·13	82·82
Muzaffarpur	400	...	...	...	2·50	...	...	...	...	...	...	5·00	7·50	2·50	7·50	2·50	2·50	...	5·00	...	...	15·00	...	...	...	50·00
Darbhanga	312	19·23	...	...	...	...	...	...	...	...	...	...	3·21	...	41·67	9·62	...	...	...	...	...	3·21	...	...	...	76·92
Chapra (Saran)	294	...	...	...	...	...	...	...	...	...	...	...	10·20	6·80	64·63	10·20	...	...	...	...	...	...	...	...	...	91·84
Ghazipur	558	...	...	...	1·79	...	...	...	...	...	1·79	...	8·96	12·54	16·13	...	1·79	...	...	...	...	3·58	...	...	8·96	55·56
Benares, Central	2,029	...	...	...	·49	...	...	...	·49	·49	1·48	3·45	·49	·49	5·42	...	...	·49	...	·99	...	6·90	...	·99	4·93	27·11
,, District	419	9·55	...	...	2·39	...	...	...	2·39	...	...	2·39	...	2·39	7·16	2·39	2·39	...	2·39	2·39	...	9·55	...	2·39	2·39	50·12
Mirzapur	280	...	...	...	...	...	...	...	...	...	...	...	21·43	25·00	14·29	3·57	...	...	7·14	...	...	3·57	...	...	7·14	82·14
Azamgarh	424	...	...	...	...	...	...	...	...	2·36	...	...	2·36	...	9·43	...	...	...	...	...	...	...	...	...	4·72	18·87
Jaunpur	289	...	...	...	...	...	...	...	...	...	3·46	3·46	...	...	17·30	...	...	...	3·46	...	...	3·46	...	...	3·46	34·60
Gorakhpur	1,216	31·25	...	...	·82	...	...	...	...	...	·82	3·29	9·05	·82	17·27	5·76	...	...	·82	1·64	...	...	...	·82	14·80	87·17
Basti	367	...	...	...	5·45	...	...	...	...	...	...	...	5·45	...	10·90	13·62	...	...	...	...	...	...	...	...	...	35·42
Gonda	620	...	...	...	17·74	11·29	...	...	...	1·61	1·61	...	6·45	...	14·52	1·61	...	...	...	...	...	17·74	...	...	6·45	79·03
Bahraich	411	...	...	...	4·87	...	...	...	...	...	2·43	...	9·73	2·43	17·03	4·87	...	...	...	...	...	...	...	...	9·73	51·09

JAIL POPULATION OF INDIA, 1894.

XVIII—*continued.*

TABLE showing the RATIO in which the PRINCIPAL DISEASES have contributed to make up the DEATH-RATE of the YEAR in the JAIL HOSPITALS of INDIA.

JAILS.	Average Annual Strength.	Died per 1,000 of the Average Strength.																							
		Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Phagedæna, Slough, and Gangrene.	Injuries and Suicide.	All other Causes.	All Causes.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
GROUP V—*contd.*																										
Fyzabad	627	...	...	...	...	...	...	...	...	4·78	1·59	3·19	7·97	...	9·57	3·19	...	...	...	...	...	12·76	...	...	1·59	44·66
Sultanpur	87	...	...	...	...	...	...	...	...	...	...	...	...	...	11·49	11·49	...	...	...	...	...	...	...	...	...	22·99
Rae Bareli	506	...	...	...	...	...	...	...	1·98	...	...	...	...	...	...	11·86	...	...	...	...	...	1·98	...	...	3·95	19·76
Partabgarh	292	...	...	...	...	...	...	...	...	...	...	3·42	...	3·42	6·85	...	...	...	...	...	...	10·27	...	...	...	23·97
Hardoi	370	...	...	...	...	...	...	...	...	...	...	...	2·70	...	...	2·70	...	...	...	...	...	...	...	2·70	...	8·11
Kheri	254	...	...	...	...	3·94	...	...	...	...	...	...	31·50	...	3·94	...	...	...	...	...	...	...	...	...	...	39·37
Lucknow, Central	1,528	...	...	...	1·96	...	...	...	...	1·31	...	...	...	·65	5·24	3·27	...	...	...	...	...	1·31	...	...	3·27	17·02
,, District	498	...	...	...	...	...	...	...	...	...	...	6·02	...	...	...	...	...	...	...	...	...	2·01	...	4·02	...	12·05
Sitapur	707	1·41	...	...	...	1·41	...	...	...	...	...	1·41	5·66	...	2·83	1·41	...	...	...	...	...	...	...	...	9·90	24·05
Barabanki	355	...	...	...	...	...	...	...	2·82	...	...	...	2·82	...	5·63	2·82	...	...	...	...	...	...	...	...	2·82	16·90
Unao	264	15·15	...	...	...	...	...	...	3·79	3·79	3·79	...	...	...	...	...	...	...	...	...	...	...	...	...	3·79	30·30
Hamirpur	152	...	...	...	...	...	...	...	...	...	6·58	...	19·74	...	13·16	...	...	...	...	...	...	6·58	...	...	...	46·05
Orai (Jalaun)	157	...	...	...	...	6·37	...	...	...	...	...	...	...	6·37	...	...	...	...	...	...	...	...	...	...	...	12·74
Fatehgarh, Central	1,814	19·85	...	1·10	...	·55	...	...	...	·55	·55	1·65	1·10	2·76	6·06	·55	...	...	...	·55	...	...	...	·55	1·10	36·93
,, District	326	12·27	...	...	...	...	...	...	...	...	...	3·07	3·07	3·07	9·20	...	...	...	...	...	...	...	...	...	...	30·67
Cawnpore	387	2·58	...	...	...	...	...	...	...	...	...	...	7·75	5·17	2·58	7·75	...	...	...	...	...	10·34	...	2·58	2·58	41·34
Fatehpur	310	...	...	...	...	3·23	...	...	...	...	3·23	...	16·13	3·23	...	6·45	3·23	...	...	...	...	...	3·23	...	...	38·71
Banda	307	6·51	...	...	6·51	...	...	...	3·26	3·26	...	...	13·03	9·77	39·09	13·03	...	...	...	...	...	...	...	6·51	3·26	104·23
Allahabad, Central	2,045	...	...	...	1·96	...	...	...	·98	...	...	·49	4·89	2·93	4·40	·49	...	...	·49	...	...	...	...	·98	3·91	21·52
,, District	642	...	...	...	...	...	...	...	...	...	...	1·56	6·23	3·12	3·12	3·12	1·56	...	...	...	...	...	...	4·67	...	23·36
Etawah	213	...	...	...	...	...	...	...	...	4·69	...	4·69	9·39	...	...	...	...	...	...	...	...	...	...	4·69	4·69	28·17
Mainpuri	331	...	...	...	...	3·02	...	...	...	3·02	3·02	...	3·02	3·02	3·02	...	...	...	3·02	...	...	...	...	6·04	...	27·19
GROUP VI—																										
Muttra	207	...	...	...	...	...	...	...	...	...	...	...	4·83	...	19·32	...	...	...	...	...	...	...	...	...	...	24·15
Etah	307	...	...	...	...	...	...	...	...	...	...	...	6·51	...	3·26	...	...	...	...	...	...	...	...	...	...	9·77
Aligarh	420	...	...	...	...	...	...	...	...	...	...	2·38	...	2·38	...	...	...	...	...	2·38	...	...	...	...	2·38	9·52
Bulandshahr	237	...	...	...	...	4·22	...	...	4·22	...	...	...	16·88	...	4·22	...	...	...	...	...	...	...	...	...	...	29·54
Shahjahanpur	364	...	...	...	...	2·75	...	2·75	...	...	...	2·75	...	...	2·75	2·75	...	...	...	...	...	2·75	...	2·75	5·49	24·73
Bareilly, Central	1,866	·54	...	...	1·61	...	...	...	...	...	...	2·14	2·14	...	1·61	·54	...	...	...	...	...	1·61	...	...	·54	10·72
,, District	678	...	...	...	...	...	...	...	...	...	...	...	13·27	4·42	5·90	5·90	...	...	...	1·47	...	...	...	...	2·95	33·92
Budaon	327	...	...	...	...	...	...	...	...	...	...	...	9·17	...	9·17	...	...	...	...	...	...	3·06	...	3·06	...	24·46
Saharanpur	394	...	...	...	...	2·54	...	...	...	...	...	...	10·15	...	2·54	...	...	...	...	...	...	...	...	...	7·61	22·84
Bijnor	190	...	...	...	...	...	...	...	...	...	...	...	5·26	5·26	10·53	...	...	...	...	...	...	...	...	...	...	21·05
Dehra Dun	66	...	...	...	...	...	...	...	...	...	...	...	15·15	...	...	30·30	...	...	...	...	...	...	...	...	...	45·45
Muzaffarnagar	162	...	...	...	...	...	...	...	...	...	...	...	6·17	6·17	6·17	12·35	...	...	...	...	...	...	...	...	...	30·86
Moradabad	323	...	...	...	...	...	...	...	3·10	...	...	...	...	...	3·10	34·06	...	...	...	...	...	...	...	...	3·10	43·34
Meerut	520	...	...	...	...	...	...	...	...	...	...	...	1·92	...	1·92	3·85	...	...	...	...	...	...	...	...	9·62	17·31
Delhi	449	...	...	...	...	...	...	...	...	...	2·23	...	8·91	2·23	2·23	...	...	...	...	...	...	...	...	2·23	2·23	20·04
Rohtak	164	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6·10	...	...	6·10	12·20
Hissar	195	...	...	...	...	5·13	...	...	...	...	...	...	5·13	...	...	...	...	...	...	...	...	...	...	...	...	10·26
Karnal	127	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Umballa	505	...	...	...	...	...	...	...	...	...	...	...	3·96	1·98	3·96	...	...	...	...	...	...	...	...	...	...	9·90
Ludhiana	222	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Hoshiarpur	62	...	...	...	...	...	...	...	...	16·13	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	16·13
Jullundur	273	...	...	...	...	...	...	...	...	...	...	3·66	10·99	...	7·33	...	...	...	...	...	...	...	...	...	...	21·98
Ferozepore	280	...	...	...	...	3·57	...	3·57	...	...	...	...	10·71	...	...	...	...	...	...	...	...	...	...	...	...	17·86
Amritsar	237	...	...	...	4·22	8·44	...	...	...	...	4·22	...	...	4·22	12·66	...	...	...	...	...	...	...	...	4·22	...	37·97
Lahore, Central	1,259	...	...	...	...	·79	...	...	·79	·79	·79	3·97	11·12	·79	7·15	2·38	...	·79	...	·79	...	...	...	...	5·56	35·74
,, District	421	...	...	...	...	...	...	...	...	...	...	2·38	9·50	2·38	9·50	...	...	...	...	...	...	...	...	...	...	23·75
,, Female	196	...	...	...	...	...	...	...	...	...	...	...	...	...	10·20	5·10	5·10	...	...	...	...	...	...	...	...	20·41
Sialkot	299	...	...	...	...	...	...	...	...	...	...	...	3·34	...	...	3·34	...	...	...	...	...	...	...	...	3·34	10·03
Gurdaspur	218	...	...	...	...	...	...	...	...	...	...	...	...	...	4·59	...	...	4·59	...	...	...	4·59	...	...	...	13·76
Gujranwala	350	...	...	...	...	...	...	...	...	2·86	...	...	2·86	...	...	...	...	...	...	...	...	...	...	...	2·86	8·57
Chinawan	868	...	...	1·15	...	...	...	...	...	1·15	...	...	2·30	1·15	...	...	...	...	...	...	...	...	...	...	...	5·76
Gujrat	107	...	...	...	...	...	...	...	...	...	...	...	...	...	9·35	...	...	...	...	...	...	...	...	...	9·35	18·69
Jhelum	200	...	...	...	...	...	...	...	...	...	...	...	5·00	...	...	5·00	...	...	...	...	...	5·00	...	...	...	15·00
Rawalpindi	649	...	...	...	...	...	...	1·54	...	1·54	1·54	4·62	3·08	1·54	...	...	...	...	...	...	...	...	...	...	3·08	16·95
GROUP VII—																										
Shahpur	232	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8·62	8·62
Montgomery	1,117	...	...	...	...	1·79	...	...	2·69	...	...	3·58	3·58	·90	·90	1·79	...	...	...	...	...	...	...	...	2·69	17·91
Jhang	210	...	...	...	...	...	...	...	4·76	4·76	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4·76	14·29
Mooltan, Central	653	...	...	...	...	1·53	...	...	...	3·06	...	4·59	13·78	1·53	3·06	...	...	...	...	1·53	...	...	...	...	...	29·10
,, District	534	...	...	...	...	...	...	...	1·87	1·87	1·87	...	14·98	3·75	3·75	3·75	...	...	...	...	...	...	...	1·87	...	33·71
Dera Ghazi Khan	305	...	...	...	...	...	...	...	3·28	...	...	...	6·56	3·28	...	...	...	...	...	...	...	...	...	...	3·28	16·39
Dera Ismail Khan	412	...	...	...	...	...	...	...	...	...	...	...	2·43	...	...	...	...	...	...	...	...	...	...	...	...	2·43
Bannu	104	...	...	...	...	...	...	...	...	...	...	...	...	...	9·62	...	...	...	...	...	...	...	...	...	...	9·62
Kohat	99	...	...	...	...	...	...	...	...	...	...	...	10·10	...	10·10	...	...	...	...	...	...	...	...	...	...	20·20
Peshawar	362	...	...	...	2·76	2·76	...	...	...	...	...	...	2·76	2·76	2·76	...	...	...	...	...	...	...	...	5·52	2·76	22·10
Kurrachee	353	...	...	...	...	...	...	...	...	...	...	...	28·33	...	...	2·83	...	...	...	...	2·83	2·83	...	...	5·66	42·49
Hyderabad	592	...	...	...	...	1·69	...	...	...	...	1·69	...	18·58	5·07	1·69	1·69	...	...	...	...	...	...	...	...	...	30·41
Sind Convict Gang (Nara)	309	...	...	...	...	...	...	...	...	...	...	...	19·42	...	...	...	...	...	...	...	...	...	...	...	...	19·42
Shikarpur	483	...	...	...	...	...	...	...	4·14	...	...	...	33·13	4·14	4·14	...	...	...	...	...	...	...	...	...	4·14	49·69
GROUP VIII—																										
Agra, Central	1,920	·52	...	...	...	...	...	...	·52	1·04	...	8·85	2·60	1·04	3·65	5·21	...	·52	...	...	...	3·12	...	1·04	4·17	32·29
,, District	548	...	...	...	...	...	...	...	...	...	...	...	3·65	...	9·12	...	...	...	...	1·82	...	3·65	...	1·82	1·82	21·90
Jhansi	232	...	...	...	...	...	...	...	4·31	...	...	...	8·62	12·93	4·31	...	...	...	...	...	...	...	...	...	8·62	38·79
Lalitpur	104	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9·62	...	...	...	...	...	...	9·62
Ajmere	333	...	...	...	...	...	...	...	...	...	...	...	12·01	...	3·00	...	...	...	...	...	...	...	...	...	3·00	18·02
Ahmedabad	482	...	...	...	...	...	...	...	...	...	...	...	12·45	16·60	2·07	...	...	...	...	...	...	4·15	...	...	4·15	39·42
Kaira	176	...	...	...	...	...	...	...	...	5·68	...	...	51·14	5·68	22·73	17·04	...	...	...	5·68	...	5·68	...	...	...	113·64
Rajkot	54	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	18·52	...	18·52
Dhuliakot	194	...	...	...	...	...	...	...	...	...	5·15	...	...	10·31	5·15	10·31	...	5·15	5·15	...	...	5·15	...	...	...	46·39
Surat	210	19·05	...	...	4·76	...	...	...	...	...	...	...	4·76	...	9·52	4·76	...	...	...	...	...	9·52	...	...	...	52·38
GROUP IX—																										
Nasik	47	21·28	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	21·28
Dhulia	380	...	...	...	...	...	...	...	...	2·63	...	...	10·53	...	2·63	...	...	...	...	...	...	2·63	...	...	...	18·42
Yerrowda	1,495	1·34	...	...	...	...	...	...	...	...	·67	·67	2·68	4·01	...	3·34	·67	...	...	4·01	...	1·34	...	...	2·68	21·40
Dharwar	356	...	...	...	...	...	...	...	...	...	...	...	...	8·43	5·62	...	...	...	...	...	...	...	...	...	14·04	28·09
Bijapur, District	278	...	...	...	7·19	...	...	...	...	...	...	...	3·60	7·19	3·60	3·60	...	...	...	...	...	...	...	7·19	3·60	35·97
Deccan Gang	254	...	...	...	...	...	...	...	...	...	...	...	3·94	3·94	...	...	...	...	...	...	...	...	...	...	...	7·87
Amraoti	511	...	...	...	...	1·96	...	...	...	...	...	...	3·91	5·87	5·87	1·96	...	...	...	...	...	...	...	...	1·96	21·53
Akola	528	...	...	...	...	...	...	...	...	...	...	...	9·47	5·68	1·89	...	1·89	...	...	3·79	9·47	1·89	...	...	3·79	37·88
Ellichpur	44	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Buldana	63	...	...	...	...	...	...	...	...	...	...	...	15·87	...	...	...	...	...	...	...	...	...	...	...	...	15·87
Basim	58	...	...	...	...	...	...	...	...	...	...	...	34·48	...	17·24	...	...	...	...	...	...	...	...	...	...	51·72
Yeotmahl	81	...	...	...	...	...	...	...	...	...	...	...	...	24·69	...	12·35	...	...	...	...	...	...	...	...	...	37·04
Secunderabad	82	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jubbulpore	1,305	...	...	...	...	...	...	...	...	...	...	...	5·36	4·60	2·30	1·53	·77	...	·77	1·53	...	1·53	·77	...	·77	19·92
Saugor	165	...	...	...	...	...	...	...	...	...	...	...	12·12	...	6·06	6·06	6·06	...	...	6·06	...	12·12	...	...	12·12	60·61
Damoh	86	...	...	...	...	...	...	...	11·63	...	...	...	...	11·63	34·88	...	...	...	...	...	...	11·63	...	...	23·26	93·02
Sambalpur	146	13·70	...	...	...	...	...	...	...	...	6·85	...	...	6·85	27·40	...	...	...	...	...	...	...	...	...	...	54·79
Raipur	686	...	...	...	...	...	...	...	1·46	...	1·46	...	2·92	4·37	...	...	...	...	...	...	...	...	...	...	2·92	13·12

XVIII—*concluded.*

TABLE showing the RATIO in which the PRINCIPAL DISEASES have contributed to make up the DEATH-RATE of the YEAR in the JAIL HOSPITALS of INDIA.

JAILS.	Average Annual Strength.	Died per 1,000 of the Average Strength.																								
		Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Phagedæna, Slough and Gangrene.	Injuries and Suicide.	All other Causes.	ALL CAUSES.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
GROUP IX—*contd.*																										
Bilaspur	135	...	...	...	...	...	...	...	...	...	...	...	7·41	...	...	14·81	...	...	...	...	7·41	...	...	...	...	29·63
Mandla	66	...	...	...	...	...	...	...	...	...	...	...	...	...	15·15	...	...	...	...	...	...	...	...	...	...	15·15
Seoni	106	...	...	...	...	...	...	...	...	...	...	...	...	18·87	18·87	9·43	...	...	...	...	...	...	...	...	9·43	56·60
Chhindwara	99	...	...	...	...	10·10	...	...	...	...	...	...	...	...	10·10	20·20	...	...	...	...	...	...	...	...	...	40·40
Betul	61	...	...	...	...	...	...	...	...	...	16·39	...	...	...	16·39	...	...	...	...	...	...	...	...	...	...	32·79
Narsinghpur	123	...	...	...	...	...	...	...	...	...	16·26	...	...	...	24·39	8·13	...	...	8·13	8·13	...	...	...	...	8·13	73·17
Hoshangabad	129	...	...	...	...	...	...	...	...	...	...	...	7·75	15·50	31·01	23·26	...	...	...	...	...	...	...	...	7·75	85·27
Nimar	62	...	...	...	...	...	...	...	...	...	...	...	...	...	16·13	...	...	...	...	...	...	...	...	...	...	16·13
Nagpur	989	...	...	1·01	...	1·01	...	1·01	...	1·01	1·01	2·02	3·03	3·03	3·03	3·03	...	...	...	1·01	7·08	1·01	...	1·01	4·04	33·37
Bhandara	82	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12·20	12·20
Wardha	56	...	...	...	...	...	...	...	...	...	...	...	17·86	...	...	...	...	...	...	17·86	...	...	...	...	...	35·71
Chanda	117	...	...	...	...	...	...	...	...	...	...	...	...	...	8·55	...	...	...	...	...	...	...	...	...	17·09	25·64
Sironcha	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	166·67	...	...	...	...	...	...	...	...	...	166·67
Balaghat	84	...	...	...	...	...	...	...	...	...	...	...	11·90	11·90	11·90	...	...	...	...	...	...	...	...	11·90	...	47·62
GROUP X—																										
Thana	742	2·70	...	...	...	6·74	...	...	...	1·35	...	1·35	2·70	9·43	2·70	8·09	...	...	...	...	1·35	2·70	1·35	...	6·74	47·17
Bombay, Common	294	3·40	...	...	...	...	...	...	...	...	6·80	3·40	...	...	6·80	6·80	...	...	...	...	...	...	...	...	...	27·21
,, House of Correction	315	...	...	...	...	...	...	...	...	...	...	...	...	3·17	...	3·17	...	...	...	3·17	3·17	3·17	...	...	6·35	22·22
Ratnagiri	92	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Karwar	91	...	...	...	...	...	...	...	...	...	...	...	21·98	...	10·99	...	...	10·99	...	...	...	...	...	...	...	43·96
Mangalore	91	...	...	...	...	...	...	...	...	...	10·99	...	...	...	10·99	...	...	...	...	...	...	...	...	...	10·99	32·97
Cannanore	730	...	...	...	4·11	...	...	...	...	1·37	1·37	1·37	2·74	1·37	2·74	...	...	...	...	1·37	...	1·37	...	...	8·22	26·03
GROUP XI—																										
Madras, Debtors, Natives	26	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, Penitentiary ,,	829	...	...	...	1·21	...	...	...	...	...	...	1·21	1·21	1·21	...	...	...	...	...	1·21	...	2·41	...	...	3·62	12·06
,, ,, Europeans	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bellary	354	...	...	...	...	2·82	...	...	...	...	5·65	2·82	8·47	...	2·82	...	...	...	...	...	...	...	...	2·82	5·65	31·07
Vellore	1,036	7·72	...	...	...	·97	...	...	...	2·90	...	3·86	·97	...	2·90	...	...	...	...	...	...	...	...	...	·97	20·27
Cuddalore	218	...	...	...	...	...	...	...	...	...	...	...	9·17	...	...	...	...	...	...	4·59	...	...	...	...	...	13·76
Cuddapah	189	...	...	...	...	15·87	...	...	...	...	...	...	15·87	...	...	...	...	...	...	5·29	...	...	...	...	5·29	42·33
Coimbatore	954	...	...	...	...	...	...	...	...	1·05	1·05	...	2·10	1·05	1·05	1·05	...	...	...	...	...	...	...	...	...	7·34
Madura	379	...	...	...	...	...	...	...	...	...	...	2·64	5·28	2·64	2·64	5·28	...	...	...	2·64	...	...	...	...	5·28	26·39
Trichinopoly	933	1·07	...	...	...	1·07	...	...	...	...	...	1·07	4·29	3·22	2·14	4·29	...	...	...	...	...	1·07	...	...	2·14	20·36
Salem	620	...	...	...	...	...	...	...	...	...	1·61	...	...	...	...	...	1·61	...	...	...	...	...	...	...	3·23	6·45
Tanjore	346	...	...	...	...	...	...	...	...	...	...	2·89	...	...	2·89	...	...	...	...	...	...	...	...	...	...	5·78
Palamcottah	354	...	...	...	...	...	...	...	...	...	...	5·65	2·82	2·82	...	...	...	...	...	...	...	11·30	...	...	5·65	28·25

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Rajamundry	795	...	...	...	1·26	...	...	...	...	...	...	2·52	3·77	1·26	2·52	1·26	...	...	...	...	...	...	...	...	5·03	17·61
Vizagapatam	193	...	...	...	...	5·18	...	...	...	...	...	5·18	...	...	5·18	...	5·18	...	...	...	...	...	...	...	...	20·73
Nellore	93	...	...	...	...	...	...	...	...	...	...	...	...	...	10·75	...	...	...	...	...	...	...	...	...	10·75	21·51
Berhampur	116	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XII—																										
Darjeeling	62	...	...	...	...	...	...	...	...	...	...	...	16·13	...	...	...	...	...	...	...	...	16·13	...	...	16·13	48·39
Almora	85	...	...	...	...	11·76	...	...	...	...	...	...	11·76	11·76	11·76	...	...	...	...	...	...	...	...	...	11·76	58·82
Simla	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	83·33	...	...	...	...	...	...	...	...	...	83·33
Dharmsala	106	...	...	9·43	...	...	...	...	...	...	...	...	...	9·43	...	...	...	...	...	...	...	...	...	...	...	18·87
Abbottabad	81	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12·35	...	12·35
Russellkonda	76	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13·16	13·16
Parvatipur	214	...	...	...	...	9·35	...	...	...	...	...	...	...	...	74·77	14·02	...	...	...	...	...	18·69	...	...	9·35	126·17
Shillong	52	...	...	...	...	...	...	...	...	...	...	...	...	...	19·23	19·23	...	...	...	...	...	19·23	...	...	19·23	76·92
Quetta	67	...	...	...	...	...	...	...	...	...	...	...	14·93	...	...	...	...	...	...	...	...	...	...	...	...	14·93
EXTRA INDIA—																										
Aden	59	...	...	...	...	...	...	...	...	...	...	...	16·95	...	...	...	...	...	...	...	...	16·95	...	...	...	33·90

JAIL POPULATION OF INDIA, 1894.

XIX.

TABLE showing the PREVALENCE of INFLUENZA in each Month, and the DISTRIBUTION of the DISEASE by JAILS and GROUPS of JAILS.*

JAILS.	Average Annual Strength.	Number of Admissions into Hospital in each Month.												Total Admissions of the year.	Admitted per 1,000 of average strength.	Number of deaths.	Died per 1,000 of average strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
Port Blair	10,419	524	150	3	...	...	...	...	...	...	...	...	...	677	65·0	...	...
Dhubri	12	...	...	2	...	...	...	...	...	...	...	...	...	2	166·7	...	...
Presidency, Natives	1,238	...	...	...	5	...	...	...	...	...	...	...	...	5	4·0	...	...
Alipore	1,720	16	83	7	...	...	...	...	...	...	...	...	...	106	61·6	...	...
Jessore	242	...	...	...	...	1	...	...	...	...	...	...	...	1	4·1	...	...
Krishnagar (Nadia)	156	...	...	13	5	...	...	...	...	...	...	...	...	18	115·4	1	6·41
Murshidabad (Berhampore)	239	...	...	4	4	...	...	...	...	...	...	...	...	8	33·5	...	...
Burdwan	222	...	3	2	1	...	...	...	...	...	...	...	...	6	27·0	...	...
Rajshahi	675	...	...	63	...	...	...	...	...	...	...	...	...	63	93·3	...	...
Dacca	1,124	...	...	40	...	...	...	...	...	...	...	...	...	40	35·6	...	...
Midnapore	807	...	...	10	117	...	...	...	...	...	...	...	...	127	157·4	4	4·96
Purulia (Manbhum)	118	...	11	...	...	...	...	...	...	...	...	...	...	11	93·2	2	16·95
Suri (Birbhum)	168	...	...	17	16	...	...	...	...	...	...	...	...	33	196·4	1	5·95
Monghyr	299	...	...	3	10	...	...	...	...	...	...	...	...	13	43·5	...	...
Bhagalpur	1,302	...	...	6	70	169	13	2	...	...	...	36	58	354	271·9	4	3·07
Chaibassa (Singhbhum)	151	...	...	...	65	...	...	...	...	...	...	...	...	65	430·5	...	...
Hazaribagh	560	...	...	39	59	...	...	...	...	...	...	...	...	98	175·0	2	3·57
Arrah (Shahabad)	250	...	...	...	11	...	...	...	...	...	...	...	...	11	44·0	...	...
Muzaffarpur	400	...	...	11	7	4	1	...	...	...	...	...	...	23	57·5	...	...
Chapra (Sarun)	294	...	...	1	11	6	...	...	...	...	...	...	...	18	61·2	...	...
Ghazipore	558	...	...	2	16	7	1	...	...	...	...	...	...	26	46·6	1	1·79
Benares, Central	2,029	16	13	3	79	22	3	1	...	18	12	2	...	169	83·3	3	1·48
,, District	419	4	2	1	6	...	1	...	...	1	1	2	...	18	43·0	...	...
Mirzapur	280	26	9	2	7	15	2	...	...	...	...	...	...	61	217·9	...	...
Azamgarh	424	...	...	...	...	5	...	...	...	...	...	...	...	5	11·8	...	...
Jaunpur	289	...	...	...	2	...	...	...	...	...	...	...	...	2	6·9	...	...
Gorakhpur	1,216	...	...	27	48	10	1	...	...	...	...	...	...	86	70·7	3	2·47
Basti	367	...	...	...	1	...	...	...	...	...	...	...	...	1	2·7	...	...
Bahraich	411	...	...	...	15	...	...	...	...	...	...	...	...	15	36·5	1	2·43
Fyzabad	627	...	...	15	8	...	...	...	...	...	2	...	...	25	39·9	...	...
Rai Bareili	506	...	...	...	2	...	...	...	...	...	...	...	...	2	4·0	...	...
Kheri	254	...	...	...	32	4	...	...	...	...	23	...	...	59	232·3	...	...
Lucknow, Central	1,528	4	1	6	42	3	...	...	...	...	...	...	...	56	36·6	...	...
,, District	498	7	1	25	10	5	...	...	...	...	4	4	...	56	112·4	...	...
Sitapur	707	1	...	1	156	...	...	...	...	...	...	...	...	158	223·5	7	9·90
Barabanki	355	...	...	1	43	1	...	...	...	...	...	...	...	45	126·8	...	...
Fatehgarh, Central	1,814	...	47	10	2	...	...	...	...	...	...	12	5	76	41·9	...	...
,, District	326	...	6	11	...	...	...	...	...	...	...	...	...	17	52·1	...	...
Fatehpur	310	...	...	10	22	...	...	...	...	...	...	...	...	32	103·2	...	...
Allahabad, Central	2,045	...	1	...	...	...	...	...	...	...	...	...	...	1	·5	...	...
Aligarh	420	...	...	...	20	43	...	...	...	...	...	...	...	63	150·0	1	2·38
Shahjahanpur	364	...	...	4	27	...	...	...	...	...	...	...	...	31	85·2	...	...
Bareilly, District	678	...	...	5	3	11	4	...	...	...	...	...	...	23	33·9	...	...
Budaon	327	...	...	...	7	...	...	...	...	...	...	...	...	7	21·4	...	...
Dehra Dun	66	...	...	6	...	2	...	...	...	...	...	...	...	8	121·2	...	...
Meerut	520	2	1	4	16	20	2	...	...	...	...	3	...	48	92·3	4	7·69
Umballa	505	1	3	9	3	1	...	...	...	...	...	...	...	17	33·7	...	...
Gujranwala	350	...	1	4	6	11	...	2	1	...	...	...	...	25	71·4	...	...
Montgomery	1,117	...	...	19	5	...	...	...	...	...	...	...	...	24	21·5	...	...
Mooltan, District	534	...	17	9	9	...	...	...	...	...	...	...	...	35	65·5	...	...
Dera Ghazi Khan	305	...	23	3	4	...	...	...	...	...	...	...	...	30	98·4	...	...
Agra, Central	1,920	...	...	...	4	135	...	...	...	...	...	...	...	139	72·4	2	1·04
,, District	548	...	...	...	90	13	...	...	...	...	...	...	...	103	188·0	1	1·82
Lalitpur	104	...	...	...	7	7	...	...	...	...	...	...	...	14	134·6	...	...
Dharwar	356	...	32	34	...	...	...	...	...	...	...	...	...	66	185·4	1	2·81
Amraoti	511	...	...	59	...	...	...	...	...	...	...	...	...	59	115·5	...	...
Akola	528	10	...	74	2	...	...	...	...	...	...	...	...	86	162·9	...	...
Jubbulpore	1,305	...	95	96	5	...	...	...	...	...	...	...	...	196	150·2	1	·77
Bilaspur	135	...	...	...	...	3	...	...	...	...	...	...	...	3	22·2	...	...
Nagpur	989	...	...	55	121	3	...	...	...	...	...	...	...	179	181·0	4	4·04
Chanda	117	...	...	...	1	...	...	...	...	...	...	...	...	1	8·5	...	...
Madras, Penitentiary, Natives	829	16	9	1	...	...	...	...	...	...	...	...	...	26	31·4	...	...
Madras, Penitentiary, Europeans	10	...	1	...	...	...	...	...	...	...	...	...	...	1	100·0	...	...
Bellary	354	...	...	41	...	...	...	...	...	...	...	...	...	41	115·8	...	...
Vellore	1,036	...	...	...	213	12	...	...	...	...	...	...	...	225	217·2	...	...
Trichinopoly	933	106	23	...	...	...	...	...	...	...	...	...	...	129	138·3	1	1·07
Almora	85	...	13	...	...	...	...	...	...	...	...	...	...	13	152·9	...	...
JAILS OF INDIA	101,965	733	545	758	1,415	513	28	5	1	19	42	59	63	4,181	41·0	44	·43

* Jails where Influenza did not occur are not shown in this table.

XX.

TABLE showing the PREVALENCE of CHOLERA in each Month, and the DISTRIBUTION of the DISEASE by JAILS and GROUPS of JAILS.*

JAILS.	Average Annual Strength.	Number of Admissions into Hospital in each Month.												Total Admissions of the year.	Admitted per 1,000 of average strength.	Number of Deaths.	Died per 1,000 of average strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November	December.				
Akyab	318	...	1	...	7	9	...	...	1	...	...	1	...	19	59·7	11	34·59
Kyaukpyu	165	...	...	...	...	...	...	...	...	2	16	...	...	18	109·1	9	54·55
Henzada	345	...	...	...	...	...	...	...	1	...	...	...	...	1	2·9	1	2·90
Maubin	324	...	...	...	...	1	...	...	...	...	...	...	...	1	3·1	1	3·09
Rangoon, Natives	2,443	...	...	...	...	...	...	...	...	1	...	...	...	1	·4	1	·41
—																	
Thayetmyo	1,190	...	...	...	...	...	1	...	...	...	...	...	...	1	·8	1	·84
Myingyan	945	...	...	...	...	...	...	...	1	...	...	...	...	1	1·1	1	1·06
Pagan	62	...	...	...	...	...	...	...	...	2	...	...	...	2	32·3	2	32·26
Minbu	105	...	...	...	...	...	...	1	...	...	...	...	...	1	9·5	1	9·52
Mandalay	1,000	...	...	...	...	...	...	1	10	15	3	...	...	29	29·0	19	19·00
—																	
Nowgong	40	...	...	...	...	...	1	...	...	...	...	...	...	1	25·0	...	...
—																	
Presidency, Natives	1,238	...	...	...	1	...	1	...	...	...	...	...	...	2	1·6	1	·81
Alipore	1,720	...	...	2	...	...	...	1	...	...	...	...	...	3	1·7	2	1·16
Baraset	90	...	...	...	...	7	...	...	...	...	...	...	...	7	77·8	3	33·33
Palamow (Daltongunge)	46	...	...	...	...	...	...	7	...	...	...	...	...	7	152·2	5	108·70
Murshidabad (Berhampore)	239	...	...	...	...	...	...	...	...	...	...	...	1	1	4·2	...	...
Burdwan	222	...	...	...	...	...	...	...	...	...	...	...	2	2	9·0	2	9·01
Backergunge (Barisal)	432	...	...	...	...	1	...	...	...	...	...	...	...	1	2·3	1	2·31
Chittagong	159	...	...	...	1	...	...	...	...	...	...	...	...	1	6·3	...	...
Dacca	1,124	2	1	...	...	...	...	...	...	...	...	...	...	3	2·7	3	2·67
Cuttack	280	...	...	...	...	...	...	...	...	...	...	...	1	1	3·6	1	3·57
Puri	95	...	...	1	...	...	1	5	1	...	...	...	...	8	84·2	3	31·58
Balasore	128	...	2	...	...	...	...	...	1	...	...	...	...	3	23·4	1	7·81
—																	
Monghyr	299	...	...	...	...	...	...	3	...	...	...	...	...	3	10·0	3	10·03
Chaibassa (Singbhum)	151	...	...	...	...	...	...	21	12	3	...	...	...	36	238·4	19	125·83
Gaya	425	...	...	...	...	...	...	32	2	...	...	...	...	34	80·0	20	47·06
Patna (Bankipore)	307	...	1	...	...	...	...	...	1	...	...	...	...	2	6·5	1	3·26
Arrah (Shahabad)	250	...	...	...	...	...	...	1	1	...	...	...	...	2	8·0	2	8·00
Darbhanga	312	...	...	...	...	8	...	2	...	...	...	...	...	10	32·1	6	19·23
Benares District	419	...	...	...	...	...	...	4	1	...	..	...	...	5	11·9	4	9·55
Mirzapur	280	...	...	...	...	...	...	...	1	...	...	...	...	1	3·6	...	...
Azamgarh	424	...	...	...	...	2	...	...	...	...	...	...	...	2	4·7	...	...
Gorakhpur	1,216	...	...	...	...	...	...	23	25	3	...	...	...	51	41·9	38	31·25
Sitapur	707	...	...	...	1	...	...	...	3	...	...	...	...	4	5·7	1	1·41
Unao	264	...	...	...	...	...	...	4	1	...	...	...	...	5	18·9	4	15·15
Fatehgarh, Central	1,814	...	...	...	...	...	...	...	58	...	...	...	...	58	32·0	36	19·85
,, District	326	...	...	...	...	...	...	9	...	...	...	...	...	9	27·6	4	12·27
Cawnpore	387	...	...	...	...	...	...	1	1	...	...	...	...	2	5·2	1	2·58
Banda	307	...	...	...	...	...	...	...	3	...	...	...	...	3	9·8	2	6·51
—																	
Bareilly, Central	1,866	...	...	...	...	...	...	1	...	...	...	...	...	1	·5	1	·54
—																	
Agra, Central	1,920	...	...	...	...	...	...	1	...	...	...	...	...	1	·5	1	·52
Surat	210	...	...	...	2	1	1	...	...	...	...	...	...	4	19·0	4	19·05
—																	
Dhulia	380	...	...	...	...	...	1	...	...	...	...	...	...	1	2·6	...	...
Yerrowda	1,495	...	...	...	...	5	1	...	...	...	...	...	...	6	4·0	2	1·34
Nasik	47	...	...	1	...	...	...	...	...	...	...	...	...	1	21·3	1	21·28
Sambalpur	146	...	...	...	...	...	...	1	...	...	...	1	...	2	13·7	2	13·70
—																	
Thana	742	...	...	1	1	...	...	...	...	...	...	...	...	2	2·7	2	2·70
Bombay, Common	294	...	...	...	...	1	...	...	...	...	...	...	...	1	3·4	1	3·40
—																	
Vellore	1,035	14	...	...	...	...	...	...	...	...	...	...	...	14	13·5	8	7·72
Trichinopoly	933	...	...	1	...	...	...	...	...	...	...	...	...	1	1·1	1	1·07
Jails of India	101,965	16	5	6	13	35	7	118	124	26	19	2	4	375	3·7	233	2·29

* Jails where Cholera did not occur are not shown in this table.

XXI.

TABLE showing the MORTALITY in each JAIL, the CAUSES of DEATH, and the RATIO of DEATHS to STRENGTH.

JAILS.	Average Annual Strength.	Causes of Death.																								Total Deaths.		Died per 1,000 of the Average Strength.	
		Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Phagedæna, Slough and Gangrene.	Injuries and Suicide.	All other Causes.	In Hospital.	Out of Hospital.	Out of Hospital.	All Causes.
Akyab	318	11	...	...	...	...	...	...	1	1	1	...	...	2	9	1	...	...	...	3	...	...	...	1	1	31	...	...	97·48
Kyaukpyu	165	9	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	2	...	...	...	13	...	...	78·79
Sandoway	61	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	16·39
Henzada	345	1	...	...	...	...	...	...	...	...	2	...	...	...	1	1	...	...	...	...	...	...	...	1	...	6	...	...	17·39
Bassein	1,104	...	...	1	...	...	1	...	...	...	1	2	...	2	7	3	...	...	...	...	...	1	...	...	1	19	...	...	17·21
Maubin	324	1	...	...	...	...	...	...	...	2	...	...	...	...	1	2	...	1	...	...	...	...	...	2	...	8	1	3·09	27·78
Rangoon, Europeans	31	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	32·26
„ Natives	2,443	1	...	...	1	5	1	...	...	9	4	6	11	2	10	...	...	...	...	3	5	2	...	4	13	77	...	...	31·52
Insein	2,011	...	...	2	...	3	...	...	...	2	2	9	3	4	12	5	...	...	...	2	2	1	...	...	12	59	...	...	29·34
Moulmein	831	...	...	...	...	...	...	...	...	1	2	5	2	...	14	4	...	...	...	6	...	...	...	...	4	38	...	...	45·73
Tavoy	110	...	...	...	...	...	...	...	...	2	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	4	...	...	36·36
Mergui	28	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Toungoo	365	...	...	...	...	2	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	5	...	...	13·70
Shwegyin	203	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	2	4	...	...	19·70
Port Blair	10,419	...	...	...	...	46	...	...	...	3	2	...	12	43	55	43	1	1	1	...	...	58	...	29	26	280	40	3·84	30·71
Burma Coast and Bay Islands	18,758	23	...	3	1	56	2	...	1	20	15	22	29	53	112	60	2	2	1	15	7	64	...	37	62	546	41	2·19	31·29
Thayetmyo	1,190	1	...	1	...	...	...	...	...	...	...	7	3	...	3	...	...	...	...	...	...	...	...	...	2	17	...	...	14·29
Myingyan	945	1	...	1	2	...	...	...	...	3	...	3	2	...	2	5	...	1	...	...	...	...	...	...	1	21	...	...	22·22
Myanaung	80	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	25·00
Mônywa	79	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pakôkku	72	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Yeu	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Yemethin	106	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Taungdwingyi	50	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pagan	62	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	9	12	...	...	193·55
Minbu	105	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	19·05
Magwe	143	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	6·99
Mandalay	1,000	19	...	...	...	...	...	...	...	1	...	4	3	...	...	1	...	...	...	1	...	1	...	...	1	31	...	...	31·00
Shwebo	124	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	1	3	...	...	24·19
Bhamo	64	...	...	...	...	...	...	...	...	...	...	...	...	1	4	...	...	...	...	...	...	...	...	...	...	5	...	...	78·12
Meiktila	120	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	16·67
Katha	72	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kindat	69	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	2	...	...	28·99
Prome	16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Burma Inland	4,305	24	...	2	2	1	...	...	...	4	...	15	9	1	12	7	...	1	...	2	...	1	...	...	17	98	...	...	22·76
Sylhet	553	...	...	...	7	...	...	...	1	...	...	...	2	1	4	4	1	...	1	...	...	2	...	...	2	25	...	...	45·21
Cachar (Silchar)	71	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	1	14·08	28·17
Gauhati	105	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	2	...	...	...	4	...	...	38·10
Tezpur	287	...	...	...	2	...	...	...	1	...	...	...	...	1	6	7	...	...	...	...	...	4	...	...	4	25	...	...	86·81
Sibsagar	78	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	3	...	...	38·46
Dibrugarh	65	...	...	...	...	...	...	...	...	...	...	...	1	1	3	1	...	...	1	...	...	...	...	...	...	7	...	...	107·69
Dhubri	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowgong	40	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	50·00
Assam	1,211	...	...	...	9	1	...	...	2	...	...	...	3	3	16	14	1	...	2	...	...	8	...	2	7	67	1	·83	56·15
Presidency, Europeans	35	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
„ Natives	1,238	1	...	...	3	1	...	...	...	...	2	4	4	...	8	2	...	...	...	1	...	...	...	...	9	35	...	...	28·27
Alipore	1,720	2	...	...	9	1	...	1	...	1	2	13	18	2	8	...	...	...	...	2	...	1	...	...	4	64	...	...	37·21
Baraset	90	3	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	5	...	...	55·56
Jessore	242	...	...	...	1	1	...	...	...	...	...	...	1	...	3	1	...	...	...	...	...	...	...	1	...	7	1	4·13	33·06
Khulna	42	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Palamow (Daltongunge)	46	5	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	8	...	...	173·91
Krishnagar (Nadia)	156	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	2	...	...	12·82
Murshidabad (Berhampore)	239	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	...	8·37
Hooghly	398	...	...	...	...	...	...	...	...	...	...	...	3	1	6	1	1	...	...	...	...	...	...	...	...	12	...	...	30·15
Burdwan	222	2	...	2	1	1	...	...	...	...	...	...	...	2	6	1	...	...	...	...	...	...	...	...	1	16	...	...	72·07
Malda	64	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	15·62
Purnea	155	...	...	...	...	...	...	...	...	1	...	...	3	...	2	...	...	...	...	...	...	3	...	...	...	9	...	...	58·06
Jalpaiguri	82	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	1	6	...	...	73·17
Dinajpur	147	...	...	...	...	...	...	...	...	...	...	5	...	...	1	...	...	...	...	...	...	...	...	...	...	6	...	...	40·82
Rangpur	133	...	...	...	...	...	...	...	...	...	1	...	1	...	3	2	...	...	...	...	...	...	...	...	...	7	...	...	52·63
Rajshahi	675	...	...	...	...	...	...	...	...	...	...	5	2	...	5	...	...	...	1	...	...	...	...	...	1	14	...	...	20·74
Bogra	121	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	2	...	...	16·53
Mymensingh	332	...	...	...	...	...	...	...	...	...	1	2	2	...	6	1	...	...	...	1	...	...	...	...	...	12	1	3·01	39·16
Pabna	134	...	...	...	...	1	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	4	...	...	29·85
Faridpur	353	...	...	...	...	1	...	...	...	...	...	...	1	...	...	1	...	...	1	...	...	...	...	1	...	5	...	...	14·16
Backergunge (Barisal)	432	1	...	...	2	1	...	...	...	1	1	...	...	1	7	2	...	...	1	1	...	3	...	...	1	22	...	...	50·93
Noakhali	99	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	10·10
Chittagong	159	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	2	...	...	12·58
Tippera (Comilla)	127	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	1	...	1	...	...	...	5	...	...	39·37
Dacca	1,124	3	...	...	...	...	...	...	...	3	5	4	3	3	22	...	...	...	...	...	...	18	...	...	...	61	...	...	54·27
Cuttack	280	1	...	...	...	2	...	...	...	...	...	...	...	2	2	1	...	...	...	...	...	...	...	...	...	8	...	...	28·57
Puri	95	3	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	6	...	...	63·16
Balasore	128	1	...	...	1	...	...	...	1	...	...	...	...	1	7	1	...	...	...	2	...	1	...	...	...	15	...	...	117·19
Midnapore	807	...	...	...	1	...	...	...	...	2	1	13	7	...	13	1	...	...	...	...	...	...	...	...	4	42	...	...	52·04
Bankura	309	...	...	...	...	...	...	...	...	...	...	...	3	...	4	2	...	...	...	1	...	...	...	...	1	11	...	...	35·60
Purulia (Manbhum)	118	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	2	4	...	...	33·90
Suri (Birbhum)	168	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	3	8	...	...	47·62
Naya Dumka	82	...	...	1	...	1	...	...	...	...	...	...	1	1	5	...	...	...	...	...	...	...	...	...	1	10	...	...	121·95
Bengal and Orissa	10,552	22	...	3	19	11	...	1	1	9	14	46	53	18	124	17	1	...	3	10	...	27	...	3	32	412	2	·18	39·23

JAILS.	Average Annual Strength.	CAUSES OF DEATH.																							TOTAL DEATHS.		DIED PER 1,000 OF THE AVERAGE STRENGTH.	
		Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Phagedæna, Slough and Gangrene.	Injuries and Suicide.	All other Causes.	In Hospital.	Out of Hospital.	Out of Hospital.	All Causes.
Monghyr	299	3	...	...	...	...	...	...	...	...	...	1	1	...	1	7	...	...	...	...	..	1	...	...	1	15	...	...	50·17
Bhagalpur	1,302	...	...	...	...	5	...	...	..	...	1	6	...	2	23	11	...	...	1	...	...	1	...	1	11	62	...	...	47·62
Chaibassa (Singhbhum)	151	19	...	...	...	1	...	...	...	...	...	...	3	1	13	1	..	...	...	.	...	1	...	1	...	40	...	...	264·90
Ranchi (Lohardaga)	192	...	...	...	...	...	...	...	...	1	...	...	...	...	2	2	1	...	...	1	...	1	...	...	...	8	...	...	41·67
Hazaribagh	560	...	...	...	2	...	...	...	...	...	1	12	1	1	19	1	...	...	...	...	..	...	...	...	3	40	...	...	71·43
Gaya	425	20	...	...	...	...	...	...	1	2	...	...	...	...	3	3	...	...	...	...	...	1	...	...	...	30	...	...	70·59
Patna (Bankipore)	307	1	...	...	...	1	...	...	..	...	...	...	...	1	8	3	...	...	...	...	...	...	...	...	...	14	...	...	45·60
Arrah (Shahabad)	250	2	...	...	...	...	...	...	...	.	...	1	...	1	9	1	..	...	...	...	...	...	...	...	1	15	...	...	60·00
Buxar	1,082	...	...	...	3	3	...	...	...	...	1	...	4	6	23	2	...	...	...	1	...	...	...	...	4	47	...	...	43·44
Champarun (Motihari)	326	...	...	...	1	2	...	...	...	...	...	1	4	1	11	1	...	...	1	...	2	1	...	...	2	27	...	...	82·82
Mozuffarpur	400	...	...	...	1	..	...	...	...	...	...	2	3	1	3	1	1	...	2	...	..	6	...	...	...	20	...	..	50·00
Darbhanga	312	6	...	...	...	...	...	...	...	...	...	...	1	...	13	3	...	...	...	...	...	1	...	...	...	24	...	...	76·92
Chapra	294	...	...	...	...	...	...	...	...	.	...	...	3	2	19	3	...	...	...	...	...	...	...	...	...	27	...	...	91·84
Ghazipur	558	...	...	...	1	...	...	...	...	...	1	...	5	7	9	...	1	...	...	...	...	2	...	...	5	31	...	...	55·56
Benares, Central	2,029	...	...	...	1	...	...	...	1	1	3	7	1	1	11	...	...	1	.	2	...	14	...	2	10	55	...	...	27·11
„ District	419	4	...	...	1	...	...	...	1	...	...	1	...	1	3	1	1	...	1	1	...	4	...	1	1	21	...	...	50·12
Mirzapur	280	...	...	...	...	...	...	...	...	...	...	...	6	7	4	1	...	...	2	.	..	1	...	...	2	23	...	...	82·14
Azamgarh	424	...	...	...	...	...	...	...	...	1	...	...	1	...	4	...	...	...	...	...	..	...	...	...	2	8	...	...	18·87
Jaunpur	289	...	...	...	...	...	...	...	..	...	1	1	...	...	5	...	...	...	1	...	...	1	...	...	1	10	...	...	34·60
Gorakhpur	1,216	38	...	...	1	.	...	...	...	...	1	4	11	1	21	7	...	...	1	2	...	...	...	1	18	106	...	...	87·17
Basti	367	...	...	...	2	...	...	...	...	...	...	...	2	...	4	5	...	...	...	...	...	...	...	...	...	13	...	...	35·42
Gonda	620	...	...	...	11	7	...	...	...	1	1	...	4	...	9	1	...	...	...	...		11	...	...	4	49	...	...	79·03
Bahraich	411	...	...	...	2	...	...	...	..	..	1	...	4	1	7	2	...	..	...	...	..	...	...	...	4	21	...	...	51·09
Fyzabad	627	...	...	...	...	...	...	...	...	3	1	2	5	...	6	2	...	...	...	...	..	8	...	...	1	28	...	...	44·66
Sultanpur	87	...	...	..	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	2	...	...	22·99
Rae Bareli	506	...	...	...	...	...	...	...	1	..	...	...	..	...	...	6	...	...	...	...	..	1	...	...	2	10	...	...	19·76
Partabgarh	292	...	...	...	...	..	...	...	...	...	...	1	...	1	2	...	...	...	...	...	...	3	...	...	..	7	...	...	23·97
Hardoi	370	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	1	...	3	...	...	8·11
Kheri	254	...	...	...	...	1	...	..	...	...	...	...	8	...	1	...	...	...	...	..	...	...	...	...	...	10	...	...	39·37
Lucknow, Central	1,528	...	...	...	3	...	...	...	...	2	...	...	...	1	8	5	...	...	...	...	.	2	...	...	5	26	...	...	17·02
„ District	498	...	...	...	...	...	...	...	..	...	...	3	...	...	...	...	...	...	..	...	...	1	...	2	...	5	1	2·01	12·05
Sitapur	707	1	...	...	...	1	...	...	...	...	...	1	4	...	2	1	...	...	...	...	...	...	...	...	7	17	...	...	24·05
Barabanki	355	...	...	...	...	...	...	...	1	...	...	...	1	...	2	1	...	...	...		...	...	...	...	1	6	...	...	16·90
Unao	264	4	...	...	...	...	...	...	1	1	1	...	...	...	...	...	..	...	...	...	...	...	...	...	1	8	...	...	30·30
Hamirpur	152	...	...	...	...	...	...	...	...	...	1	...	3	...	2	...	..	...	.	..	...	1	...	...	...	7	...	...	46·05
Orai (Jalaun)	157	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	..	...		...	...	...	...	2	...	...	12·74
Fatehgarh, Central	1,814	36	...	2	...	1	...	...	..	1	1	3	2	5	11	1	..	...	...	1	..	...	...	1	2	67	...	...	36·93
„ District	326	4	...	...	...	...	...	...		..	...	1	1	1	3	...	...	...	...	...	...	...	...	...	..	10	...	...	30·67
Cawnpore	387	1	...	...	...	...	...	...	...	...	...	...	3	2	1	3	...	...	...	...	...	4	...	1	1	16	...	...	41·34
Fatehpur	310	...	...	...	...	1	...	..	...	...	1	...	5	1	...	2	1	...	...	...	..	...	1	...	...	12	...	...	38·71
Banda	307	2	...	...	2	...	...	...	1	1	...	...	4	3	12	4	...	...	...	...	.	...	...	2	1	32	...	...	104·23
Allahabad, Central	2,045	...	...	...	4	...	...	...	2	...	...	1	10	6	9	1	..	...	1	...	..	...	...	2	8	44	...	...	21·52
„ District	642	...	...	...	...		...	...	...	...	...	1	4	2	2	2	1	...	...	...	...	...	...	3	...	15	...	...	23·36
Etawah	213	...	...	...	...	...	...	...	...	1	...	1	2	..	...	...	...	...	...	...	...	...	...	1	1	6	...	...	28·17
Mainpuri	331	...	...	...	...	1	...	...	...	1	1	...	1	1	1	...	...	...	1	...	...	...	...	2	...	9	...	...	27·19
GANGETIC PLAIN, ETC.	24,685	141	...	2	35	25	...	...	9	16	17	50	108	58	287	86	6	1	11	8	2	66	1	21	99	1,048	1	·04	42·50
Muttra	207	...	...	...	...	...	...	...	...	...	...	...	1	...	4	...	...	...	...	...	...	...	...	...	...	5	...	...	24·15
Etah	307	...	...	...	...	..	...	...	...	...	...	...	2	...	1	...	...	...	...	...	...	...	...	...	...	3	...	...	9·77
Aligarh	420	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	1	...	...	...	...	1	4	...	...	9·52
Bulandshahr	237	...	...	...	...	1	...	...	1	...	...	...	4	...	1	...	...	...	...	...	...	...	...	...	...	7	...	...	29·54
Shajahanpur	364	...	...	...	...	1	...	1	...	...	...	1	...	...	1	1	...	...	...	...	...	1	...	1	2	9	...	...	24·73
Bareilly, Central	1,866	1	...	...	3	...	...	...	...	...	...	4	4	...	3	1	...	...	...	...	...	3	...	...	1	20	...	...	10·72
„ District	678	...	...	...	...	...	...	...	...	...	...	..	9	3	4	4	.	...	...	1	...	...	...	...	2	23	...	...	33·92
Budaon	327	...	...	...	...	...	...	...	...	...	...	...	3	...	3	...	...	...	...	...		1	...	1	...	8	...	...	24·46
Saharanpur	394	...	...	...	...	1	...	...	...	...	...	...	4	...	1	...	...	...	...	...	...	...	...	...	3	9	...	...	22·84
Bijnor	190	..	...	...	...	...	...	...	...	.	..	...	1	1	2	...	...	...	...	...	...	...	...	...	...	4	...	...	21·05
Dehra Dun	66	...	...	...	...	...	...	...	...	. .	...	...	1	...	...	2	...	...	..	...	...	...	...	...	...	3	...	...	45·45
Muzaffarnagar	162	...	...	...	...	...	...	...	...	..	...	...	1	1	1	2	...	...	...	...	...	...	...	...	...	5	...	...	30·86
Moradabad	323	...	...	...	...	.	...	...	1	...	...	...	...	...	1	11	...	...	...	...	...	...	...	...	1	14	...	...	43·34
Meerut	520	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	...	...	..	...	...	...	...	...	5	9	...	...	17·31
Delhi	449	...	...	...	...	...	...	...	...	...	1	...	4	1	1	...		...	...	...	...	...	...	1	1	9	...	...	20·04
Rohtak	164	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2	...	...	12·20
Hissar	195	...	..	..	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	10·26
Karnal	127	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Umballa	505	...	...	..	...	..	...	...	...	...	...	...	2	1	2	...	...	...	...	...	...	...	...	...	...	5	...	...	9·90
Ludhiana	222	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	.	...	...	...	...	...	...	...	...
Hoshiarpur	62	...	...	...	...	..	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	16·13
Jullundur	273	...	...	...	...		...	...	...	...	...	1	3	...	2	...		...	...	...	...	...	...	...	...	6	...	...	21·98
Ferozepore	280	...	...	...	...	1	...	1	...	...	...	...	3	...	...	...		...	...	...	.	...	...	...	...	5	...	...	17·86
Amritsar	237	...	...	..	1	2	...	...	...	...	1	...	...	1	3	...	...	..	...	...	...	...	...	1	...	9	...	...	37·97
Lahore, Central	1,259	...	...	...	...	1	...	...	1	1	1	5	14	1	9	3	...	1	...	1	...	...	...	...	7	45	...	...	35·74
„ District	421	...	...	...	...	...	...	...	...	...	...	1	4	1	4	...		...	...	...	...	...	...	...	...	10	...	...	23·75
„ Female	196	..	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1	...	...	...	.	...	...	...	..	4	...	...	20·41
Sialkot	299	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	1	3	...	...	10·03
Gurdaspur	218	...	...	...	...	...	..	...	...	...	...	...	...	...	1	...	...	1	...	...	...	1	...	...	...	3	...	...	13·76
Gujranwala	350	...	...	...	...	..	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	8·57
Chinawan	868	...	...	1	...	..	...	...	...	1	...	...	2	1	...	...		...	...	...	...	...	...	...	...	5	...	...	5·76
Gujrat	107	...	...	...	...	.	...	...	..	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	2	...	...	18·69
Jhelum	200	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...		1	...	...	..	3	...	...	15·00
Rawalpindi	645	...	...	...	...		...	1	...	1	1	3	2	1	...	...	...	...	...	...	..	...	...	...	2	11	...	...	16·95
UPPER SUB-HIMALAYAN	13,142	1	...	1	4	8	...	3	3	5	4	16	69	13	48	29	1	2	...	3	...	8	...	4	29	251		...	19·10

XXI—*continued.*

TABLE showing the MORTALITY in each JAIL, the CAUSES of DEATH, and the RATIO of DEATHS to STRENGTH.

JAILS.	Average Annual Strength.	CAUSES OF DEATH.																								TOTAL DEATHS.		DIED PER 1,000 OF THE AVERAGE STRENGTH.	
		Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Phagedæna, Slough, and Gangrene.	Injuries and Suicide.	All other Causes.	In Hospital.	Out of Hospital.	Out of Hospital.	All causes.
Shahpur	232	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	8·62
Montgomery	1,117	...	...	...	...	2	...	...	3	...	...	4	4	1	1	2	...	...	...	...	...	...	...	...	3	20	...	...	17·91
Jhang	210	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	14·29
Mooltan, Central	653	...	...	...	...	1	...	...	...	2	...	3	9	1	2	...	...	...	...	1	...	...	...	...	...	19	...	...	29·10
,, District	534	...	...	...	...	..	...	...	1	1	1	...	8	2	2	2	...	...	...	...	...	...	...	1	...	18	...	...	33·71
Dera Ghazi Khan	305	...	...	...	...	...	...	...	1	...	...	...	2	1	...	...	...	...	...	...	...	...	...	...	1	5	...	...	16·39
Dera Ismail Khan	412	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2·43
Bannu	104	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	9·62
Kohat	99	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	2	...	...	20·20
Peshawar	362	...	...	...	1	1	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...	2	1	8	...	...	22·10
Kurrachee	353	...	...	...	...	...	...	...	...	...	...	...	10	...	...	1	...	...	...	...	1	1	...	...	2	15	...	...	42·49
Hyderabad	592	...	...	...	...	1	...	...	...	...	1	...	11	3	1	1	...	...	...	...	...	...	...	...	...	17	1	1·69	30·41
Sind Convict Gang (Nara)	309	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	19·42
Shikarpur	483	...	...	...	...	...	...	...	2	...	...	...	16	2	2	...	...	...	...	...	...	...	...	...	2	24	...	...	49·69
INDUS VALLEY, ETC.	5,765	...	...	...	1	5	...	...	8	4	2	7	69	11	11	6	...	...	...	1	1	1	...	3	12	141	1	·17	24·63
Agra, Central	1,920	1	...	...	...	...	...	...	1	2	...	17	5	2	7	10	...	1	...	...	...	6	...	2	8	62	...	...	32·29
,, District	548	...	...	..	...	...	...	...	...	...	...	...	2	...	5	...	...	...	..	1	...	2	...	1	1	12	...	...	21·90
Jhansi	232	...	...	...	...	...	...	...	1	...	...	...	2	3	1	...	...	...	...	...	...	...	...	...	2	9	...	...	38·79
Lalitpur	104	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	9·62
Ajmere	333	...	...	...	...	...	...	...	...	...	...	...	4	...	1	...	...	...	...	...	...	...	...	...	1	6	...	...	18·02
Ahmedabad	482	...	...	...	...	...	...	...	...	...	...	...	6	8	1	...	...	...	...	...	...	2	...	...	2	19	...	...	39·42
Kaira	176	...	...	...	...	...	...	...	...	1	...	...	9	1	4	3	...	...	...	1	...	1	...	...	...	20	...	...	113·64
Rajkot	54	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	18·52	18·52
Dhuliakot	194	...	...	...	...	...	...	...	...	...	1	...	...	2	1	2	...	1	1	...	...	1	...	...	...	9	...	...	46·39
Surat	210	4	...	...	1	...	...	...	...	...	...	...	1	...	2	1	...	...	..	...	...	2	...	...	...	11	...	...	52·38
CENTRAL INDIA AND GUJARAT, ETC.	4,253	5	...	...	1	...	...	...	2	3	1	17	29	16	22	16	...	2	2	2	...	14	...	4	14	149	1	·24	35·27
Nasik	47	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	21·28
Dhulia	380	...	...	...	...	..	...	...	...	1	...	...	4	...	1	...	...	...	...	...	...	1	...	...	...	7	...	...	18·42
Yerrowda	1,495	2	..	...	...	...	...	...	...	...	1	1	4	6	...	5	1	...	...	6	...	2	...	...	4	29	3	2·01	21·40
Dharwar	356	...	...	...	...	.	...	...	..	...	...	...	...	3	2	...	...	...	...	...	...	...	...	...	5	10	...	...	28·09
Bijapur, District	278	...	...	...	2	...	...	...	...	...	...	...	1	2	1	1	...	...	...	...	...	...	...	2	1	10	...	...	35·97
Deccan Gang	254	...	...	..	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	2	...	...	7·87
Amraoti	511	...	...	...	...	1	...	..	...	...	...	...	2	3	3	1	...	...	...	...	...	...	...	...	1	11	...	...	21·53
Akola	528	...	...	...	...	...	...	...	.	...	...	...	5	3	1	...	1	...	...	2	5	1	...	...	2	20	...	...	37·88
Ellichpur	44	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Buldana	63	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	15·87
Basim	58	...	...	..	...	...	...	...	...	..	...	...	2	...	1	...	...	...	...	...	...	...	...	...	...	3	...	...	51·72
Yeotmahl	81	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	...	...	...	...	...	...	...	...	3	...	...	37·04
Secunderabad	82	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jubbulpore	1,305	...	...	...	...	...	...	...	...	...	...	...	7	6	3	2	1	...	1	2	...	2	1	...	1	26	...	...	19·92
Saugor	165	...	...	...	...	...	...	...	...	...	...	...	2	...	1	1	1	...	...	1	...	2	...	...	2	10	...	...	60·61
Damoh	86	...	...	...	...	..	...	...	1	...	...	...	...	1	3	...	...	...	...	...	...	1	...	...	2	8	...	...	93·02
Sambalpur	146	2	...	..	...	...	...	..	...	...	1	...	...	1	4	...	...	...	...	...	...	...	...	...	...	8	...	...	54·79
Raipur	686	...	...	...	...	...	...	...	1	...	1	...	2	3	...	...	...	...	..	...	...	...	...	...	2	9	...	...	13·12
Bilaspur	135	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	...	...	...	1	...	...	...	...	4	...	...	29·63
Mandla	66	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	15·15
Seoni	106	...	...	...	...	...	...	...	...	...	...	...	...	2	2	1	...	...	...	...	...	...	...	...	1	6	...	...	56·60
Chhindwara	99	...	...	...	...	1	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	4	...	...	40·40
Betul	61	...	...	...	...	...	...	.	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	...	..	32·79
Narsinghpur	123	...	...	...	...	...	...	...	...	...	2	...	...	...	3	1	...	...	1	1	...	...	...	...	1	9	...	...	73·17
Hoshangabad	129	...	...	...	...	...	...	...	...	...	...	...	1	2	4	3	...	...	...	...	...	...	...	...	1	11	...	...	85·27
Nimar	62	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	16·13
Nagpur	989	...	...	1	...	1	...	1	...	1	1	2	3	3	3	3	...	...	...	1	7	1	...	1	4	33	...	...	33·37
Bhandara	82	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	12·20
Wardha	56	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	2	...	...	35·71
Chanda	117	...	...	...	...	...	...	...	..	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	3	...	...	25·64
Sironcha	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	166·67
Balaghat	84	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...	1	...	3	1	11·90	47·62
DECCAN	8,680	5	...	1	2	3	...	1	2	2	7	3	38	39	38	24	4	...	2	14	13	10	1	4	30	239	4	·46	28·00
Thana	742	2	...	...	...	5	...	...	...	1	...	1	2	7	2	6	...	...	...	...	1	2	1	...	5	35	...	...	47·17
Bombay, Common	294	1	...	...	...	...	...	...	...	...	2	1	...	...	2	2	...	...	...	...	...	...	...	...	...	7	1	3·40	27·21
,, House of Correction	315	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	1	1	...	...	2	7	...	...	22·22
Ratnagiri	92	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Karwar	91	...	...	...	...	...	...	..	...	...	...	...	2	...	1	...	...	1	...	...	...	...	...	...	...	4	...	...	43·96
Mangalore	91	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	1	3	...	...	32·97
Cannanore	730	...	...	...	3	...	...	...	...	1	1	1	2	1	2	...	...	...	...	1	...	1	...	...	6	19	...	...	26·03
WESTERN COAST	2,355	3	...	...	3	5	...	...	...	2	4	3	6	9	8	9	...	1	...	2	2	4	1	...	14	75	1	·42	32·27

JAILS.	Average Annual Strength.	CAUSES OF DEATH.																								TOTAL DEATHS.		DIED PER 1,000 OF THE AVERAGE STRENGTH.	
		Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Other Fevers.	Heat-stroke.	Nervous Diseases.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Spleen Diseases.	Urinary Diseases.	Scurvy.	Anæmia and Debility.	Phagedæna, Slough and Gangrene.	Injuries and Suicide.	All other Causes.	In Hospital.	Out of Hospital.	Out of Hospital.	All Causes.
Madras, Debtors, Natives	26	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
„ Penitentiary „	829	...	...	...	1	...	...	...	...	...	...	1	1	1	...	...	...	...	...	1	...	2	...	...	3	10	...	...	12·06
„ „ Europeans	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bellary	354	...	...	...	...	1	...	...	...	...	2	1	3	...	1	...	...	...	..	...	...	...	...	1	2	11	...	...	31·07
Vellore	1,036	8	...	...	...	1	...	...	...	3	...	4	1	...	3	..	...	...	...	...	...	...	...	...	1	20	1	·97	20·27
Cuddalore	218	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	1	...	...	...	...	...	3	...	...	13·76
Cuddapah	189	...	...	...	...	3	...	...	...	...	...	...	3	...	...	...	...	...	...	1	...	...	...	...	1	8	...	...	42·33
Coimbatore	954	...	...	...	...	...	...	...	...	1	1	...	2	1	1	1	...	...	...	...	...	...	...	...	...	7	...	...	7·34
Madura	379	...	...	...	...	...	...	...	..	...	...	1	2	1	1	2	...	...	...	1	...	...	...	...	2	10	...	...	26·39
Trichinopoly	933	1	...	...	...	1	...	...	..	...	...	1	4	3	2	4	...	...	...	...	...	1	...	...	2	19	...	...	20·36
Salem	620	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	2	4	...	...	6·45
Tanjore	346	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	2	...	...	5·78
Palamcottah	354	...	...	. .	...	...	...	...	...	...	...	2	1	1	...	...	...	...	...	...	...	4	...	...	2	10	...	...	28·25
Rajamundry	795	...	...	...	1	...	...	...	...	...	...	2	3	1	2	1	...	...	...	...	...	...	...	...	4	14	...	...	17·61
Vizagapatam	193	...	...	...	...	1	...	...	...	...	...	1	...	...	1	...	1	...	...	...	...	...	...	...	...	4	...	...	20·73
Nellore	93	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	2	...	...	21·51
Berhampur	116	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
SOUTHERN INDIA	7,445	9	...	...	2	7	...	...	...	4	4	14	22	8	13	8	2	...	...	4	...	7	...	1	20	124	1	·13	16·79
Darjeeling	62	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	1	3	...	...	48·39
Almora	85	...	...	...	...	1	...	...	...	...	...	..	1	1	1	...	...	...	...	...	...	...	...	...	1	5	...	...	58·82
Simla	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	83·33
Dharmsala	106	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	...	...	18·87
Abbottabad	81	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	12·35
Russellkonda	76	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	13·16
Parvatipur	214	...	...	...	...	2	...	...	..	...	...	...	...	...	16	3	...	...	...	...	...	4	...	...	2	27	...	...	126·17
Shillong	52	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	1	...	...	1	4	...	...	76·92
Quetta	67	...	.	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	14·93
HILLS	755	...	...	1	..	3	...	...	...	...	...	...	3	2	18	5	...	...	...	...	...	6	...	1	6	45	...	...	59·60
EXTRA INDIA—																													
Aden	59	...	...	..	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	2	...	...	33·90
JAILS OF INDIA	101,965	233	...	13	79	125	2	5	28	69	68	193	439	231	709	281	17	9	21	61	25	217	3	80	342	3,197	53	·52	31·87

JAIL POPULATION OF INDIA, 1894.

XXII.

DETAIL of the ADMISSIONS and DEATHS of the JAIL POPULATION of each ADMINISTRATION.

CAUSES OF ADMISSION AND DEATH.	ASSAM.		BENGAL.		NORTH-WESTERN PROVINCES AND OUDH.		CENTRAL PROVINCES.		PUNJAB.		JAILS OF THE BENGAL PRESIDENCY, INCLUDING AJMERE.	
	Strength . 1,263 Admissions 1,735 Deaths . 72		Strength . 16,514 Admissions 19,689 Deaths . 786		Strength . 27,735 Admissions 23,503 Deaths . 892		Strength . 4,503 Admissions 4,283 Deaths . 143		Strength . 11,308 Admissions 19,833 Deaths . 211		Strength . 61,656 Admissions 69,135 Deaths . 2,110	
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Small-pox	...	...	1	...	21	...	19	...	...	...	41	...
Cow-pox	...	...	15	...	...	...	...	...	...	...	15	...
Chicken-pox	1	...	139	...	48	...	22	...	...	...	210	...
Measles	...	...	6	...	13	1	...	...	1	...	20	1
Influenza	2	...	1,000	14	1,359	23	379	5	131	...	2,871	42
Mumps	6	...	135	...	423	...	5	...	6	...	575	...
Cerebro-spinal fever	...	...	1	1	...	...	1	1	2	2	4	4
Simple continued fever	...	...	639	...	49	...	33	...	85	...	806	...
Enteric fever	...	...	4	3	9	2	2	1	8	2	23	8
Cholera	1	...	126	73	142	92	2	2	...	...	271	167
Epidemic diarrhœa	...	...	92	2	...	...	...	...	...	...	92	2
Dysentery	221	17	4,140	271	1,823	177	297	29	950	33	7,434	528
Ague	776	7	5,390	4	7,036	15	1,486	...	10,176	2	24,892	28
Remittent fever	7	1	308	23	151	17	21	2	92	9	594	52
Malarial cachexia	5	2	164	22	87	16	...	...	...	...	256	40
Beri-Beri	9	...	79	9	...	...	...	...	...	...	88	9
Sloughing phagedæna	...	...	...	...	...	...	4	...	...	...	4	...
Erysipelas	1	1	15	1	24	3	...	...	53	4	93	9
Pyæmia	...	...	1	1	1	1	...	...	...	...	2	2
Septicæmia	...	...	...	...	1	...	1	1	...	...	2	1
Primary syphilis	4	...	80	...	176	...	26	...	54	...	341	...
Secondary ,,	7	...	132	...	322	6	70	3	132	...	663	9
Gonorrhœa	2	...	70	...	97	...	19	...	25	1	213	1
Hydrophobia	...	...	...	...	1	1	...	...	...	...	1	1
Tænia solium	...	...	17	...	9	...	...	...	5	...	31	...
,, mediocanellata	...	...	...	...	2	...	...	...	...	...	2	...
Ascaris lumbricoides	1	1	229	...	23	...	...	...	...	...	253	1
Filaria Medinensis	...	...	...	...	6	...	10	...	115	...	133	...
,, labialis	...	...	1	...	...	...	...	...	...	...	1	...
Dochmius duodenalis	9	2	...	...	44	10	...	...	...	...	53	12
Oxyuris vermicularis	...	...	1	...	5	...	...	...	...	...	6	...
Musca vomitoria	...	...	...	...	1	...	...	...	...	...	1	...
Oidium albicans	...	...	5	...	...	...	1	...	...	...	6	...
Scurvy	...	...	123	2	3	...	209	8	13	...	348	10
Alcoholism	...	...	1	...	...	...	...	...	...	...	1	...
Harelip	...	...	...	...	...	...	2	...	...	...	2	...
Debility and old age	17	3	78	2	1,120	58	40	5	164	3	1,419	71
Rheumatic fever	...	...	1	...	4	2	...	...	...	...	5	2
Rheumatism	4	...	201	...	284	1	46	...	121	...	656	1
Gout	...	...	1	...	...	...	...	...	...	...	1	...
Osteo-arthritis	...	...	...	...	1	...	...	...	...	...	1	...
Non-malignant new growth, not defined	...	...	6	...	7	...	...	...	4	...	17	...
Pterygium	...	...	9	...	1	...	1	...	6	...	17	...
Polypus nasi	...	...	1	...	...	...	...	...	...	...	1	...
Fibroma, not defined	...	...	2	...	...	...	...	...	...	...	2	...
,, diffuse	...	...	2	...	6	...	...	...	...	...	8	...
Lipoma	...	...	1	...	2	...	...	...	...	...	3	...
Chondroma	...	...	...	...	...	...	1	...	...	...	1	...
Dermoid cyst	...	...	3	...	...	...	...	...	...	...	3	...
Papilloma	...	...	1	...	...	...	...	...	...	...	1	...
Condyloma	...	...	5	...	7	...	1	...	5	...	18	...
Mucous tubercle	...	...	...	...	1	...	...	...	...	...	1	...
Malignant new growth, not defined	...	...	1	1	2	1	...	...	...	...	3	2
Sarcoma, not defined	...	...	1	1	1	1	...	...	...	...	2	2
Carcinoma, not defined	...	...	1	1	2	2	1	1	2	2	6	6
,, epithelioma	...	...	1	...	1	...	...	...	1	1	3	1
,, scirrhus	...	...	2	2	1	2	1	...	...	...	4	4
Tubercle of meninges	...	...	1	1	1	1	...	...	...	...	2	2
,, of lungs	1	...	123	69	109	50	3	2	36	17	272	138
,, of intestines	...	...	...	1	1	1	...	...	1	1	2	3
,, of mesenteric glands	...	...	1	...	1	1	...	...	...	...	2	1
Scrofula	...	...	4	1	25	1	2	...	14	...	45	2
Leprosy	2	2	6	...	41	2	3	1	1	...	54	5
Purpura	...	...	1	...	...	...	...	...	...	...	1	...
Anæmia	44	6	356	39	262	8	33	1	94	...	789	54
Diabetes mellitus	...	...	...	...	1	1	1	...	3	1	5	2
Congestion of the brain	...	...	...	...	...	...	...	...	2	2	2	2
Hæmorrhage into the brain	1	...	1	1	1	1	...	...	...	...	3	2
Chronic Hydrocephalus	...	...	...	...	1	1	...	...	...	...	1	1
Inflammation of the membranes of the brain and spinal cord	...	...	...	...	...	...	...	...	1	1	1	1
,, of the brain and its membranes	...	...	...	...	...	...	...	...	1	1	1	1
,, of the cerebral membranes	...	...	...	...	3	2	...	...	5	3	8	5
Myelitis	...	...	...	...	1	1	...	...	...	...	1	1
Neuritis	...	...	1	...	...	...	...	...	...	...	1	...
Abscess of the brain	...	...	...	...	1	1	...	...	2	2	3	3
Softening of the brain	...	...	1	...	...	...	...	...	...	...	1	...
Sclerosis of the lateral columns	...	...	...	...	1	...	...	...	...	...	1	...
,, of the posterior ,,	...	...	...	...	1	...	...	...	...	...	1	...
Apoplexy	...	...	6	5	2	1	...	...	...	...	8	6
Paralysis	1	...	2	...	1	...	...	...	2	...	6	...
Hemiplegia	...	...	3	1	6	2	2	1	...	...	11	4
Paraplegia	...	...	2	...	7	1	...	...	2	...	11	1

CAUSES OF ADMISSION AND DEATH.	ASSAM.		BENGAL.		NORTH-WESTERN PROVINCES AND OUDH.		CENTRAL PROVINCES.		PUNJAB.		JAILS OF THE BENGAL PRESIDENCY, INCLUDING AJMERE.	
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Local paralysis	...	...	1	...	1	...	...	...	6	...	8	...
Wry-neck	...	...	...	...	1	...	1	...	...	...	2	...
Paralysis agitans	...	...	...	...	...	...	...	...	1	...	1	...
Neuralgia	...	...	21	...	45	...	11	...	59	...	136	...
Vertigo	...	...	2	...	3	...	...	...	2	...	7	...
Megrim	...	...	12	...	13	...	3	...	9	...	38	...
Tetanus	...	...	3	3	2	2	...	...	1	...	6	5
Epilepsy	3	...	14	2	65	2	6	...	24	...	112	4
Chorea	...	...	1	...	2	...	...	...	...	...	3	...
Hysteria	...	...	...	...	3	...	1	...	...	...	4	...
Catalepsy	...	...	...	...	...	...	1	...	...	...	1	...
Syncope	...	...	...	...	...	...	...	...	1	...	1	...
Hypochondriasis	...	...	1	...	...	...	...	...	1	...	2	...
Insanity	...	...	...	...	1	...	...	...	2	...	3	...
Mania	...	...	...	...	23	1	1	...	7	...	31	1
Melancholia	...	...	2	...	...	...	...	...	2	...	4	...
Dementia	...	...	...	...	9	...	...	...	...	...	9	...
Idiocy	...	...	...	...	1	...	...	...	...	...	1	...
Conjunctivitis	20	...	162	...	371	...	44	...	186	...	783	...
,, granular	...	...	2	...	15	...	2	...	4	...	23	...
Keratitis	...	...	7	...	22	...	4	...	13	...	47	...
Ulcer of the cornea	...	...	56	...	76	...	11	...	16	...	159	...
Conical cornea	...	...	...	...	1	...	...	...	...	...	1	...
Opacity of the cornea	...	...	...	...	11	...	1	...	2	...	14	...
Inflammation of the sclerotic	...	...	...	...	...	...	...	...	1	...	1	...
Staphyloma	...	...	...	...	1	...	...	...	...	...	1	...
Iritis	...	...	2	...	20	...	4	...	3	...	29	...
Mydriasis	...	...	1	...	...	...	...	...	...	...	1	...
Glaucoma	...	...	2	...	1	...	...	...	...	...	3	...
Atrophy of optic disc	...	...	...	...	1	...	...	...	...	...	1	...
Cataract	...	...	13	...	6	...	9	...	3	...	31	...
Panophthalmitis	...	...	...	...	2	...	...	...	...	...	2	...
Fistula of lacrymal tracts	...	...	...	...	1	...	...	...	1	...	2	...
Abscess of lacrymal sac	...	...	1	...	2	...	1	...	...	...	4	...
Blepharitis	...	...	4	...	...	...	1	...	...	...	5	...
Stye	...	...	3	...	9	...	...	...	4	...	16	...
Trichiasis	...	...	...	...	8	...	1	...	2	...	11	...
Entropion	...	...	...	...	12	...	...	...	...	...	12	...
Ectropion	...	...	...	...	1	...	...	...	...	...	1	...
Cellulitis of the orbit	...	...	...	...	1	...	...	...	...	...	1	...
Inflammation of the external meatus	...	...	15	...	70	...	11	...	50	...	147	...
Abscess ,, ,, ,,	...	...	2	...	27	...	3	...	8	...	40	...
Inflammation of the membrana tympani	...	...	6	...	18	...	3	...	14	...	41	...
Epistaxis	...	...	2	...	6	...	...	...	16	...	24	...
Nasal catarrh	...	...	1	...	36	...	...	...	5	...	42	...
Ozæna	...	...	1	...	29	...	...	...	5	...	35	...
Sebaceous cyst of the nose	...	...	...	...	...	...	...	...	1	...	1	...
Hydropericardium	...	...	1	1	1	1	...	...	...	...	2	2
Peri and endocarditis	...	...	...	...	...	...	1	1	...	...	1	1
Pericarditis	...	...	6	3	2	1	...	...	1	1	9	5
Endocarditis	...	...	...	...	4	2	...	...	...	...	4	2
Valve disease of the heart	...	...	11	5	15	4	5	2	2	1	33	12
Clots in the heart	...	...	...	...	1	1	...	...	...	...	1	1
Hypertrophy of the heart	...	...	3	...	1	...	...	...	...	...	4	...
Fatty degeneration of the heart	...	...	2	2	3	2	2	2	1	1	8	7
Dilatation of the heart	...	...	...	...	1	1	...	...	...	...	1	1
Aneurysm ,, ,,	...	...	...	...	1	1	...	...	...	...	1	1
Syncope	...	...	3	4	1	...	...	...	2	2	6	6
Angina pectoris	...	...	...	...	...	...	1	...	...	...	1	...
Palpitation	...	...	9	...	1	...	...	...	1	...	11	...
Thrombosis	...	...	...	...	1	1	...	...	...	...	1	1
Embolism	...	...	1	1	...	...	1	1	...	...	2	2
Phlebitis	...	...	2	1	...	...	1	...	...	...	3	1
Varix	...	...	...	...	1	...	...	...	...	...	1	...
Obstruction of the veins	...	...	1	...	...	...	...	...	...	...	1	...
Nævus	...	...	...	...	1	...	...	...	...	...	1	...
Oedema glottidis	...	...	...	...	...	...	...	...	1	1	1	1
Laryngitis	...	...	3	1	7	...	...	...	2	1	12	2
Bronchitis and bronchial catarrh	26	...	426	7	813	23	198	7	707	6	2,174	43
Spasmodic asthma	6	1	58	...	226	4	15	...	54	...	359	5
Passive congestion of the lung	...	...	...	...	11	5	1	1	...	...	12	6
Hæmoptysis	...	...	39	...	16	2	8	...	32	...	95	2
Pulmonary apoplexy	...	...	...	...	1	1	...	...	...	...	1	1
Pneumonia	9	3	238	74	568	129	78	18	250	64	1,151	292
Abscess of the lungs	...	...	1	1	1	1	...	...	...	...	2	2
Gangrene ,,	...	...	2	2	...	...	...	...	...	...	2	2
Cirrhosis ,,	...	...	3	...	...	...	...	1	...	...	3	1
Acute pneumonic phthisis	1	...	12	8	9	6	...	...	1	1	23	15
Chronic ,, ,,	1	2	26	13	21	8	11	10	13	3	73	36
Emphysema	...	...	...	...	5	1	...	...	...	...	5	1
Millstone-maker's phthisis	...	...	...	...	...	...	...	...	1	...	1	...
Hydrothorax	...	...	...	...	1	1	...	...	...	...	1	1
Pleurisy	1	...	46	2	50	1	12	...	89	2	199	5
Empyema	...	...	...	...	1	1	...	...	...	...	1	1
Ulcer of the lips	...	...	...	...	...	...	...	...	1	...	1	...
Stomatitis	...	...	54	...	3	...	...	...	8	...	65	...
Ulcerative stomatitis	...	...	2	...	5	...	...	...	...	...	7	...
Noma	...	...	1	...	1	...	...	...	...	...	2	...
Cyst of the jaw	...	...	...	...	1	...	...	...	...	...	1	...
Teething	...	...	1	...	...	...	...	...	...	...	1	...
Caries of dentine	...	...	1	...	6	...	...	...	9	...	16	...
Inflammation of the dental periosteum	...	...	...	...	...	...	1	...	...	...	1	...
Abscess ,, ,,	1	...	6	...	79	...	5	...	22	...	113	...

XXII—*continued.*

DETAIL of the ADMISSIONS and DEATHS of the JAIL POPULATION of each ADMINISTRATION.

CAUSES OF ADMISSION AND DEATH	ASSAM.		BENGAL.		NORTH-WESTERN PROVINCES AND OUDH.		CENTRAL PROVINCES.		PUNJAB.		JAILS OF THE BENGAL PRESIDENCY, INCLUDING AJMERE.	
	Admitted.	Died.	Admitted.	Died.	Admitted	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Inflammation of the gums and alveoli	...	...	2	...	...	...	3	...	...	...	5	...
Suppuration " " "	...	...	...	...	...	...	1	...	1	...	2	...
Induration of the gums	...	...	...	...	1	...	...	...	...	...	1	...
Ulceration "	...	...	156	...	...	...	...	...	...	...	156	...
Gangrene "	...	...	...	...	...	...	1	1	...	...	1	1
Toothache	...	...	1	...	1	...	...	...	...	...	2	...
Inflammation of the tongue	...	...	...	...	1	...	...	...	1	...	2	...
Abscess " "	...	...	...	...	...	...	...	...	1	...	1	...
Ulcer " "	...	...	1	...	...	...	...	...	1	...	2	...
Hypertrophy of the tonsils	...	...	...	...	...	...	...	...	3	...	3	...
Sore throat	...	...	26	...	18	...	1	...	46	...	91	...
Quinsy	...	...	17	2	9	...	...	...	21	...	47	2
Follicular tonsillitis	...	...	4	...	13	...	1	...	20	...	38	...
Ulceration of the fauces	...	...	...	...	1	...	...	...	1	...	2	...
Inflammation of the salivary glands	...	...	...	...	1	...	...	...	1	...	2	...
Abscess " "	...	...	...	...	1	...	...	...	1	...	2	...
Ranula	...	...	...	...	3	...	...	...	...	...	3	...
Salivation	...	...	...	...	...	...	...	...	1	...	1	...
Follicular inflammation of the pharynx	...	...	2	...	1	...	...	...	...	...	3	...
Stricture of the pharynx and œsophagus	...	...	...	...	1	...	...	...	...	...	1	...
Hæmorrhage from the stomach	1	...	1	...	1	1	...	...	3	...	6	1
Inflammation of "	...	...	8	...	2	...	2	...	1	...	13	...
Dyspepsia	7	...	211	...	116	...	4	...	159	...	497	...
Gastrodynia	...	...	...	...	1	...	1	...	2	...	4	...
Pyrosis	...	...	...	...	...	...	1	...	...	...	1	...
Hæmorrhage from the intestines, including melæna	1	1	4	...	4	...	1	...	1	...	11	1
Inflammation of the intestines	1	1	1	...	...	...	...	...	...	...	2	1
Enteritis	...	...	6	3	4	3	...	...	1	1	11	7
Typhlitis	...	...	3	...	1	...	...	...	1	...	5	...
Colitis	...	...	...	...	...	...	...	...	1	1	1	1
Abscess in the sub-peritoneal tissue, including suppurative perityphlitis	...	...	2	...	2	1	...	...	...	...	4	1
Tympanites	...	...	...	...	1	...	1	...	...	...	2	...
Obstruction of the intestines	...	...	3	3	5	3	...	...	...	...	9	7
Intussusception	...	...	...	...	2	2	...	...	...	...	2	2
Volvulus	...	...	2	2	1	1	...	...	...	...	3	3
Internal strangulation of the intestines	...	...	...	...	...	...	...	...	1	1	1	1
Hernia	...	...	5	...	3	...	1	...	3	...	12	...
Inflammation of hernial sacs	...	...	5	...	...	...	...	...	...	...	5	...
Diarrhœa	219	15	1,917	54	1,407	80	231	16	1,607	11	5,381	176
Constipation	...	...	14	...	48	...	2	...	61	...	125	...
Colic	5	...	79	...	108	...	20	2	167	...	379	2
Abscess of the rectum and anus	...	...	1	...	4	...	2	...	1	...	8	...
Ulceration of the " "	...	...	10	1	1	...	...	...	1	...	12	1
Piles	2	...	68	...	73	...	18	...	61	...	222	...
Prolapsus of the rectum and anus	...	...	...	...	5	...	...	...	1	...	6	...
Fistula in ano	1	...	14	...	4	...	5	...	9	...	33	...
Fissure of the anus	...	...	...	...	3	...	...	...	1	...	4	...
Hypertrophy of the liver	...	...	2	...	7	1	...	...	...	...	9	1
Atrophy "	...	...	...	...	...	...	...	...	2	2	2	2
Congestion "	...	...	5	...	54	...	1	...	13	...	73	...
Hepatitis	...	...	13	...	10	2	4	...	4	2	31	4
Cirrhosis of the liver	...	...	8	6	10	4	...	...	2	2	20	12
Abscess "	1	1	3	3	6	4	2	2	1	1	13	11
Lardaceous liver	...	...	...	...	1	1	...	...	...	...	1	1
Cyst of the liver	...	...	...	...	...	...	...	...	1	...	1	...
Jaundice	4	...	24	...	108	...	9	...	35	1	180	1
Abscess of the pancreas	...	...	...	...	1	...	...	...	...	...	1	...
Ascites	...	...	8	...	7	2	...	1	1	1	16	4
Peritonitis	...	...	5	3	11	9	...	...	3	2	19	14
Hypertrophy of the spleen	...	...	1	2	3	...	...	...	...	...	4	2
Induration and enlargement of the spleen from ague	18	2	168	5	232	8	53	2	131	...	604	17
Splenitis	...	...	5	...	2	...	...	...	3	...	10	...
Hypertrophy of lymph glands	...	...	...	...	2	...	...	...	...	...	2	...
Inflammation of lymph vessels	...	...	2	...	3	...	...	...	...	...	5	...
Suppuration of " "	...	...	...	...	...	...	...	...	2	...	2	...
Inflammation of lymph glands	7	...	23	...	23	...	4	...	23	...	80	...
Suppuration of " "	5	...	23	...	14	...	11	...	5	...	58	...
Goitre	...	...	1	...	1	...	...	...	...	...	2	...
Acute nephritis	...	...	10	5	5	1	2	2	6	...	23	8
Abscess of kidney	...	...	...	...	1	1	...	...	...	...	1	1
Bright's disease	...	...	16	4	20	6	9	3	4	2	49	15
Granular kidney	...	...	1	1	...	...	...	...	...	...	1	1
Calculus in kidney	...	...	...	...	3	1	...	...	2	...	5	1
Nephralgia	...	...	...	...	...	...	...	...	18	...	18	...
Diabetes Insipidus	...	...	...	...	...	...	...	...	2	...	2	...
Hæmaturia	2	...	3	...	3	...	...	...	...	...	8	...
Albuminuria	...	...	...	...	...	...	...	...	1	...	1	...
Inflammation of the bladder	...	...	2	1	...	...	1	1	...	...	3	2
Rupture of the bladder	...	...	1	1	...	...	...	...	...	...	1	1
Recto-vesical fistula	...	...	1	...	...	...	...	...	...	...	1	...
Retention of urine	...	...	1	...	3	...	...	...	5	...	9	...
Incontinence of urine	...	...	1	...	1	...	...	...	2	...	4	...
Urethritis	...	...	...	...	...	...	1	...	...	...	1	...
Stricture of the urethra	...	...	3	...	8	...	2	...	4	...	17	...
Urinary fistula	...	...	1	...	4	1	...	...	...	...	5	1
Extravasation of urine	...	...	...	...	2	2	...	...	...	...	2	2
Hypertrophy of the prostate gland	...	...	...	...	...	...	...	...	1	...	1	...
Inflammation of " "	...	...	...	...	...	...	...	...	1	...	1	..
Abscess of " "	...	...	...	...	...	...	1	...	...	...	1	...
Œdema of the penis	...	...	...	...	1	...	...	...	...	...	1	...

CAUSES OF ADMISSION AND DEATH.	ASSAM.		BENGAL.		NORTH-WESTERN PROVINCES AND OUDH.		CENTRAL PROVINCES.		PUNJAB.		JAILS OF THE BENGAL PRESIDENCY, INCLUDING AJMERE.	
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Inflammation of the glans penis	...	...	...	...	2	...	...	...	...	...	2	...
Ulcer of the penis	...	...	6	...	16	...	2	...	...	...	24	...
Phimosis	...	...	6	...	12	...	5	...	4	...	27	...
Paraphimosis	...	...	...	...	3	...	1	...	1	...	5	...
Abscess of the scrotum	...	...	...	...	3	...	...	...	...	...	3	...
Sloughing of the scrotum	...	...	1	1	...	...	...	...	...	...	1	1
Pruritus „ „	2	...	...	...	1	...	...	...	...	...	3	...
Inflammation of the spermatic cord	...	...	...	...	...	...	1	...	...	...	1	...
Hæmatocele	...	...	1	...	...	...	...	...	1	...	2	...
Hydrocele	...	...	16	...	37	...	3	...	1	...	57	...
Inflammation of the tunica vaginalis	...	...	1	...	...	...	...	...	...	...	1	...
Orchitis	3	...	23	...	26	...	11	...	15	...	78	...
Epididymitis	...	...	...	...	1	...	1	...	...	...	2	...
Spermatorrhœa	...	...	...	...	1	...	...	...	2	...	3	...
Inflammation of the ovary	...	...	...	...	...	...	1	...	1	...	2	...
„ of the Fallopian tube	...	...	...	...	...	...	1	...	...	...	1	...
„ of the uterine ligaments	...	...	2	...	...	...	...	...	...	...	2	...
Hæmorrhage from the uterus	...	...	...	...	...	...	...	...	1	...	1	...
Inflammation of the uterus	...	...	...	...	...	...	...	...	2	...	2	...
Prolapsus of the uterus	...	...	...	...	1	...	1	1	...	...	2	1
Ulcer of the vulva	...	...	...	...	1	...	...	...	...	...	1	...
Dysmenorrhœa	...	...	...	...	...	...	...	...	1	...	1	...
Menorrhagia	...	...	1	...	1	...	...	...	3	...	6	...
Leucorrhœa	...	...	...	...	1	...	2	...	...	...	3	...
Abortion	...	...	1	...	3	1	2	...	1	...	7	1
Premature labour	...	...	...	...	2	...	1	...	4	...	7	...
Mechanical obstacle to the expulsion of the fœtus	...	...	...	...	1	...	...	...	...	...	1	...
Rupture of the perineum	...	...	1	...	1	...	...	...	...	...	2	...
Milk fever	...	...	...	...	...	...	...	...	1	...	1	...
Sudden death after delivery	...	...	...	...	1	1	...	...	...	...	1	1
Abscess of the female breast	...	...	...	...	...	...	2	...	...	...	2	...
Sinus of the female breast	...	...	...	...	2	...	...	...	...	...	2	...
Periostitis	...	...	2	...	3	...	2	...	3	...	10	...
Caries	...	...	...	...	5	...	...	...	3	...	8	...
Necrosis	...	...	2	...	5	...	1	...	7	...	16	...
Synovitis	1	...	34	1	44	2	5	...	18	...	102	3
Abscess of joints	...	...	...	...	...	...	1	1	...	...	1	1
Ankylosis	...	...	...	...	...	...	1	...	...	...	1	...
Bow-leg	...	...	...	...	...	...	...	...	1	...	1	...
Psoas, lumbar, post pharyngeal and other abscesses	...	...	1	...	1	...	...	...	2	...	4	...
Inflammation of muscles	...	...	...	...	...	...	...	...	1	...	1	...
Abscess of muscles	...	...	1	...	...	...	...	...	...	...	1	...
Cyst of muscles	...	...	1	...	...	...	...	...	...	...	1	...
Contracture of muscles	...	...	...	...	...	...	...	...	1	...	1	...
Inflammation of tendons and fasciæ	1	...	...	...	4	...	...	...	...	...	5	...
Bursal abscess	...	...	1	...	...	...	...	...	...	...	1	...
Thecal „	...	...	...	...	...	...	1	...	7	...	8	...
Œdema of the connective tissue	...	...	3	...	8	...	1	...	1	...	13	...
Inflammation „ „	2	...	41	...	120	4	23	...	20	...	206	4
Abscess „ „	107	...	331	...	1,132	3	164	...	697	...	2,434	3
Slough „ „	...	...	1	...	...	...	...	...	...	...	1	...
Erythema	...	...	1	...	6	...	...	...	...	...	7	...
Urticaria	...	...	6	...	16	...	1	...	37	...	60	...
Eczema	1	...	43	...	112	...	19	...	55	...	231	...
Impetigo	...	...	2	...	10	...	...	...	5	...	17	...
Rupia	...	...	...	...	...	...	...	...	5	...	5	...
Ecthyma	...	...	...	...	8	...	...	...	...	...	8	...
Pityriasis	...	...	...	...	1	...	...	...	1	...	2	...
Prurigo	...	...	...	...	11	...	...	...	6	...	17	...
Lichen	...	...	9	...	1	...	...	...	6	...	16	...
Psoriasis	...	...	3	...	4	...	2	...	11	...	20	...
Miliaria	...	...	...	...	1	...	...	...	...	...	1	...
Herpes	...	...	5	...	9	...	...	...	32	...	46	...
Zona	...	...	6	...	23	...	1	...	5	...	35	...
Pemphigus	...	...	...	...	1	...	...	...	2	...	3	...
Ichthyosis	...	...	2	...	1	...	...	...	...	...	3	...
Leucoderma	...	...	...	...	1	...	...	...	...	...	1	...
Ulcer	29	...	264	...	464	...	97	...	922	...	1,778	...
Cicatrices	...	...	...	...	...	...	...	...	1	...	1	...
Fissures	...	...	...	...	1	...	...	...	...	...	1	...
Boil	17	...	111	...	456	1	48	...	497	...	1,130	1
Carbuncle	6	...	33	...	63	...	11	1	25	...	138	1
Gangrene	...	...	...	...	1	1	...	...	...	...	1	1
Whitlow, including onychia	3	...	56	...	178	...	28	...	139	...	405	...
Lupus	...	...	...	...	1	1	...	...	2	...	3	1
Wen	...	...	2	...	...	...	1	...	...	...	3	...
Pruritus	...	...	...	...	...	...	...	...	1	...	1	...
Ringworm	...	...	5	...	79	...	...	...	9	...	93	...
Favus	...	...	...	...	12	...	1	...	2	...	15	...
Tinea versicolor	...	...	1	...	5	...	...	...	...	...	6	...
Itch	39	...	174	...	271	...	39	...	285	...	811	...
Accidental—												
Poison, arsenic	...	...	...	...	1	1	...	...	2	1	3	2
„ opium	...	...	...	...	27	...	3	...	1	...	31	...
„ thorn-apple	...	...	...	...	...	...	...	...	1	...	1	...
Poisoned wound—												
By snakes	...	...	...	...	3	...	...	...	2	...	5	...
„ scorpions	...	...	...	...	...	...	...	...	1	...	1	...
„ stinging insects	...	...	...	...	1	...	...	...	...	...	1	...

XXII—*continued.*

DETAIL of the ADMISSIONS and DEATHS of the JAIL POPULATION of each ADMINISTRATION.

CAUSES OF ADMISSION AND DEATH.	ASSAM.		BENGAL.		NORTH-WESTERN PROVINCES AND OUDH.		CENTRAL PROVINCES.		PUNJAB.		JAILS OF THE BENGAL PRESIDENCY, INCLUDING AJMERE.	
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Poisoned wound—*contd.*												
By jackal	...	...	2	...	...	...	...	...	...	...	2	...
Burns and scalds	2	...	45	...	44	1	8	...	46	...	145	1
Effects of the presence of foreign bodies	...	...	...	...	1	...	...	...	...	...	1	...
Effects of climate	...	...	...	...	...	...	...	...	1	...	1	...
Frost bite	...	...	...	...	...	...	...	...	1	...	1	...
Effects of heat	...	...	...	...	...	...	1	...	3	...	4	...
Heat-stroke	2	2	2	2	...	...	...	...	...	...	4	4
Sunstroke	...	...	...	...	21	10	3	2	22	7	46	19
Heat apoplexy	...	...	2	...	7	2	2	...	29	...	40	2
Multiple injury	...	...	6	...	4	2	...	...	...	...	10	2
Asphyxia from strangulation	...	1	...	...	...	..	...	...	...	...	...	1
,, from falling of earth	...	...	...	...	1	1	...	...	...	...	1	1
Starvation	...	...	...	...	...	...	...	...	1	...	1	...
Exhaustion	...	...	...	...	2	2	...	...	...	...	2	2
Shock	...	..	...	...	1	...	1	...	...	...	2	...
Abrasions	...	...	...	...	39	...	1	...	...	...	40	...
Contusions	2	...	70	...	440	...	27	...	96	...	635	...
Wounds	46	...	315	1	506	3	119	...	229	...	1,217	4
,, gunshot	...	...	...	...	1	...	1	...	5	...	7	...
Strains and sprains	3	...	55	...	64	...	17	...	16	...	155	...
Dislocations	...	...	6	...	5	...	...	...	1	...	12	...
Rupture of intestines	...	...	...	...	1	1	...	...	...	...	1	1
Fractures	4	...	52	1	189	8	12	1	55	2	319	12
Foreign bodies in the skin and sub-cutaneous tissue	...	...	1	...	...	...	1	...	1	...	3	...
Foreign bodies in the eye	...	...	...	...	...	...	2	...	...	...	2	...
Effects of irritants and corrosives	...	...	1	...	...	...	...	...	...	...	1	...
Concussion of the brain	1	1	1	1	3	...	...	...	...	...	5	2
Compression ,, ,,	...	...	1	1	2	1	...	...	1	1	4	3
,, of the cord	...	...	...	...	...	1	...	...	...	...	...	1
Contusion of abdomen with rupture of viscera	...	...	...	...	...	...	...	...	1	1	1	1
Suicidal—												
Hanging	...	...	...	1	...	1	...	1	2	1	2	4
Cut-throat	...	...	...	...	3	2	...	...	...	...	3	2
Judicial—												
Punished	...	...	...	...	5	...	1	...	53	...	59	...
Not defined—												
Cut-throat	...	...	2	...	5	...	1	...	...	...	8	...
No appreciable disease	...	...	...	...	3	...	3	...	3	1	9	1

XXII—*continued.*

DETAIL of the ADMISSIONS and DEATHS of the JAIL POPULATION of each ADMINISTRATION.

CAUSES OF ADMISSION AND DEATH.	BOMBAY.		BERAR.		MADRAS.		BURMA.		ANDAMANS.		INDIA, INCLUDING QUETTA.	
	Strength . 7,256 Admissions 6,008 Deaths . 241		Strength . 1,367 Admissions 1,812 Deaths . 38		Strength . 8,556 Admissions 6,290 Deaths . 175		Strength . 12,644 Admissions 11,076 Deaths . 365		Strength . 10,419 Admissions 15,241 Deaths 320		Strength 101,965 Admissions 109,836 Deaths . 3,250	
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Small-pox	...	...	1	...	1	...	...	...	...	...	43	...
Cow-pox	...	...	...	...	7	...	...	...	...	...	22	...
Chicken-pox	6	...	1	...	74	...	56	...	2	...	349	...
Measles	...	...	1	...	1	...	3	...	...	...	25	1
Influenza	66	1	145	...	422	1	...	...	677	...	4,181	44
Mumps	8	...	1	...	42	...	457	...	2	...	1,085	...
Diphtheria	...	...	...	...	...	...	1	...	...	...	1	...
Cerebro-spinal fever	...	...	...	...	...	...	...	...	...	...	4	4
Simple continued fever	29	...	59	...	276	...	282	2	1	...	1,463	2
Enteric fever	1	...	...	...	...	...	12	5	...	...	36	13
Cholera	15	10	...	...	15	9	74	47	...	...	375	233
Epidemic diarrhœa	1	...	1	...	...	...	6	...	...	...	100	2
Dysentery	351	20	45	5	491	32	1,219	69	791	55	10,349	709
Ague	2,281	3	501	...	1,341	1	2,179	3	6,978	...	38,313	35
Remittent fever	67	6	3	1	43	9	811	11	272	46	1,795	125
Malarial cachexia	1	...	...	...	41	4	3	...	...	...	301	44
Beri-Beri	1	...	...	...	19	1	3	1	...	...	111	11
Sloughing phagedæna	...	...	...	...	...	...	...	...	...	...	4	...
Erysipelas	1	...	1	...	...	...	10	2	4	...	112	11
Pyæmia	1	1	1	1	1	...	...	...	...	...	6	4
Septicæmia	...	...	...	...	...	...	...	...	1	...	3	1
Primary syphilis	36	1	12	...	64	...	44	...	42	...	540	1
Secondary ,,	48	1	21	...	158	3	189	...	50	2	1,129	15
Gonorrhœa	18	...	6	...	44	...	71	...	16	...	368	1
Hydrophobia	...	...	...	...	...	...	...	...	...	...	1	1
Tænia solium	7	...	2	...	2	...	10	...	2	...	55	...
,, mediocanellata	...	...	...	...	...	...	...	...	...	...	2	...
Ascaris lumbricoides	3	...	...	...	16	...	3	...	...	...	275	1
Filaria Medinensis	108	...	20	...	154	...	...	...	2	...	417	...
,, labialis	...	...	...	...	...	...	...	...	...	...	1	...
Dochmius duodenalis	...	...	...	...	...	...	...	...	...	...	53	12
Oxyuris vermicularis	...	...	...	...	1	...	...	...	1	...	8	...
Musca vomitoria	...	...	...	...	...	...	...	...	...	..	1	...
,, carnaria	...	...	...	...	...	...	1	...	...	...	1	...
Oidium albicans	...	...	...	...	...	...	...	...	1	...	7	...
Scurvy	31	3	251	5	1	...	45	7	...	...	677	25
Alcoholism	...	...	...	...	...	...	...	...	...	...	1	...
Congenital phimosis	...	...	...	...	2	...	...	...	...	...	2	...
Harelip	...	...	...	...	...	...	...	...	...	...	2	...
Fissure of the spinal column	...	...	...	...	...	...	1	1	...	...	1	1
Debility and old age	44	7	18	1	173	4	70	4	88	6	1,813	93
Rheumatic fever	2	...	...	...	7	...	...	...	...	...	14	2
Rheumatism	115	1	41	...	97	...	156	...	395	...	1,463	2
Gout	...	...	...	...	...	...	...	...	...	...	1	...
Osteo-arthritis	1	...	...	...	1	...	...	...	...	...	3	...
Non-malignant new growth, not defined	3	...	2	...	2	...	...	...	...	...	24	...
Pterygium	...	...	9	...	...	...	...	...	...	...	26	...
Polypus nasi	...	...	1	...	...	...	...	...	1	...	3	...
Fibroma, not defined	...	...	...	...	1	...	...	...	...	...	3	...
,, diffuse	...	...	...	...	...	...	...	...	...	...	8	...
Lipoma	...	...	...	...	...	...	3	...	...	...	6	...
Chondroma	...	...	...	...	...	...	...	...	...	...	1	...
Dermoid cyst	...	...	...	...	3	...	...	...	...	...	6	...
Papilloma	...	...	...	...	...	...	...	...	...	...	1	...
Wart	...	...	...	...	...	...	...	...	1	...	1	...
Condyloma	1	...	...	...	...	...	1	...	5	...	25	...
Mucous tubercle	...	...	...	...	...	...	...	...	...	...	1	...
Malignant new growth, not defined	1	1	...	...	...	...	...	...	...	...	4	3
Sarcoma, not defined	...	...	...	...	...	...	...	...	...	...	2	2
Carcinoma, not defined	...	...	...	...	3	4	1	1	...	2	10	13
,, epithelioma	...	...	...	...	3	...	...	...	...	...	6	1
,, scirrhus	...	...	...	1	...	...	...	...	...	...	4	5
Tubercle of meninges	...	...	...	...	...	...	1	1	...	...	3	3
,, of lungs	8	3	...	...	42	15	71	37	...	...	393	193
,, of intestines	...	...	...	...	1	1	4	4	...	...	7	8
,, of mesenteric glands	...	...	...	...	...	...	...	...	...	...	2	1
Scrofula	4	...	...	...	8	1	7	1	8	...	72	4
Leprosy	9	4	...	...	8	...	39	13	7	1	117	23
Parangi	...	...	...	...	1	...	...	...	...	...	1	...
Purpura	...	...	1	...	...	...	...	...	...	...	2	...
Anæmia	43	7	16	...	140	8	77	3	352	52	1,418	124
Leucocythæmia	...	...	...	...	...	...	...	...	1	1	1	1
Diabetes mellitus	1	...	1	...	2	1	1	...	1	...	11	3
Congestion of the brain	...	...	...	...	...	...	...	...	...	...	2	2
Hæmorrhage into the brain	...	1	...	...	...	...	1	1	...	...	4	4
Dropsy of the brain	2	1	...	...	...	...	...	...	...	...	2	1
Chronic hydrocephalus	...	...	...	...	...	...	1	...	...	...	2	1
Inflammation of the membranes of the brain and spinal cord	...	...	...	...	1	1	...	...	...	...	2	2
,, of the brain and its membranes	...	...	...	...	...	...	...	...	...	...	1	1
,, of the cerebral membranes	2	1	...	...	...	...	5	2	1	1	16	9
Myelitis	1	...	...	...	...	...	...	...	...	...	2	1
Neuritis	...	...	...	...	...	...	...	...	...	...	1	..

XXII—*continued.*

DETAIL of the ADMISSIONS and DEATHS of the JAIL POPULATION of each ADMINISTRATION.

CAUSES OF ADMISSION AND DEATH.	BOMBAY.		BERAR.		MADRAS.		BURMA.		ANDAMANS.		INDIA, INCLUDING QUETTA.	
	Ad-mitted.	Died.	Ad-mitted.	Died.	Ad-mitted.	Died.	Ad-mitted.	Died.	Ad-mitted.	Died.	Ad-mitted.	Died.
Abscess of the brain	...	...	...	...	...	...	2	2	...	...	5	5
Softening of the brain	...	...	...	...	...	...	...	...	...	...	1	...
Sclerosis of the anterior cornua of the grey matter of the spinal cord	1	...	...	...	...	...	...	...	...	...	1	...
Sclerosis of the lateral columns	...	...	...	...	1	...	...	...	...	...	2	...
,, ,, posterior ,,	...	...	...	...	3	...	2	...	...	...	6	...
Apoplexy	...	...	...	...	2	3	4	4	...	...	14	13
Paralysis	2	...	...	...	1	...	...	...	3	1	12	1
Hemiplegia	...	...	...	...	4	...	1	...	...	...	16	4
Paraplegia	3	...	...	...	...	1	3	2	5	...	22	4
Local paralysis	1	...	...	...	3	...	4	...	2	...	18	...
Anæsthesia	...	...	...	...	1	...	...	...	...	...	1	...
Wry-neck	1	...	...	...	1	...	...	...	...	...	4	...
Paralysis agitans	...	...	...	...	1	...	...	...	...	...	2	...
Hyperæsthesia	...	...	...	...	...	...	...	...	1	...	1	...
Neuralgia	8	...	8	...	11	...	4	...	2	...	170	...
Vertigo	13	...	...	...	1	...	...	...	...	...	21	...
Megrim	37	...	1	...	1	...	3	...	12	...	92	...
Tetanus	1	...	...	...	...	...	3	2	1	1	11	8
Epilepsy	11	...	3	...	17	...	6	...	17	...	166	4
Chorea	...	...	...	...	...	...	...	...	...	...	3	...
Hysteria	...	...	...	...	...	...	...	...	...	...	4	...
Catalepsy	...	...	...	...	...	...	...	...	...	...	1	...
Syncope	...	...	...	...	...	...	...	...	...	...	1	...
Hypochondriasis	...	...	...	...	...	...	...	...	...	...	2	...
Insanity	2	...	...	...	...	...	1	1	5	...	11	1
Mania	2	...	...	...	7	...	16	5	...	...	56	6
Melancholia	...	...	...	...	7	...	11	2	...	...	22	2
Dementia	...	...	...	...	4	...	4	...	...	...	17	...
Idiocy	...	...	...	...	...	...	1	...	...	...	2	...
Conjunctivitis	49	...	22	...	65	...	477	...	137	...	1,533	...
,, granular	1	...	...	...	...	...	18	...	...	...	42	...
Keratitis	12	...	...	...	4	...	10	...	21	...	94	...
Ulcer of the cornea	7	...	5	...	8	...	78	...	14	...	271	...
Conical cornea	...	...	...	...	...	...	...	...	...	...	1	...
Opacity of the cornea	4	...	...	...	...	...	...	...	4	...	22	...
Inflammation of the sclerotic	...	...	...	...	...	...	...	...	...	...	1	...
Staphyloma	...	...	...	...	...	...	...	...	...	...	1	...
Iritis	7	...	1	...	...	...	1	...	1	...	39	...
Mydriasis	...	...	...	...	...	...	...	...	...	...	1	...
Choroiditis	1	...	...	...	...	...	...	...	...	...	1	...
Glaucoma	...	...	...	...	...	...	...	...	...	...	3	...
Atrophy of optic disc	...	...	...	...	...	...	...	...	...	...	1	...
Cataract	3	...	1	...	1	...	...	...	3	...	39	...
Panophthalmitis	1	...	...	...	...	...	...	...	...	...	3	...
Night-blindness	...	...	...	...	...	...	...	...	2	...	2	...
Amaurosis	...	...	...	...	...	...	1	...	...	...	1	...
Fistula of lacrymal tracts	...	...	...	...	...	...	...	...	...	...	2	...
Abscess of lacrymal sac	...	...	...	...	...	...	...	...	1	...	5	...
Blepharitis	...	...	...	...	...	...	...	...	...	...	5	...
Stye	2	...	1	...	...	...	6	...	11	...	36	...
Abscess of the eyelids	4	...	...	...	...	...	...	...	...	...	4	...
Trichiasis	2	...	...	...	...	...	...	...	...	...	13	...
Entropion	...	...	1	...	...	...	5	...	...	...	18	...
Ectropion	...	...	...	...	...	...	...	...	...	...	1	...
Chalazion	1	...	...	...	...	...	1	...	...	...	2	...
Cellulitis of the orbit	...	...	...	...	...	...	...	...	...	...	1	...
Inflammation of the external meatus	14	...	4	...	13	...	28	...	49	...	259	...
Abscess ,, ,, ,,	1	...	1	...	1	...	3	...	...	...	46	...
Inflammation of the membrana tympani	3	...	1	...	1	...	...	...	5	...	51	...
Necrosis of the internal ear	...	...	...	...	...	...	1	1	...	...	1	1
Epistaxis	4	...	...	...	...	...	...	...	...	...	28	...
Nasal catarrh	...	...	1	...	...	...	...	...	1	...	44	...
Ozæna	...	...	...	...	...	...	...	...	...	...	35	...
Sebaceous cyst of the nose	...	...	...	...	...	...	...	...	...	...	1	...
Hydropericardium	...	...	...	...	...	...	...	...	...	...	2	2
Peri and endocarditis	...	...	...	...	...	...	...	...	...	...	1	1
Pericarditis	...	1	...	...	1	...	...	...	...	...	10	6
Endocarditis	...	...	...	...	...	...	...	...	...	...	4	2
Valve disease of the heart	1	1	3	...	14	2	12	8	2	1	65	24
Clots in the heart	...	...	...	...	...	...	...	...	...	...	1	1
Thrombus ,,	...	...	...	...	1	1	...	...	...	...	1	1
Hypertrophy of the heart	...	...	...	...	...	...	...	...	...	...	4	...
Fatty degeneration of the heart	4	2	...	...	4	3	7	4	1	1	24	17
Dilatation of the heart	2	...	...	...	...	...	...	...	...	...	3	1
Aneurysm ,, ,,	1	...	...	...	1	...	1	1	...	...	4	2
Syncope	...	1	...	...	...	...	...	...	...	...	6	7
Angina pectoris	...	...	...	...	...	...	...	...	...	...	1	...
Palpitation	4	...	...	...	4	...	...	...	4	...	23	...
Rupture of artery	1	...	...	...	...	...	...	...	...	...	1	...
Embolism	...	...	...	...	...	...	...	...	...	...	2	2
Thrombosis	...	...	...	...	...	...	...	...	...	...	1	1
Phlebitis	...	...	...	...	...	...	...	...	...	...	3	1
Varix	...	...	...	...	...	...	...	...	...	...	1	...
Obstruction of the veins	...	...	...	...	...	...	...	...	...	...	1	...
Nævus	...	...	...	...	...	...	...	...	...	...	1	...
Œdema glottidis	...	...	...	...	...	...	...	...	...	...	1	1
Laryngitis	2	...	...	...	1	...	2	...	...	...	17	2
Bronchitis and bronchial catarrh	316	18	117	2	200	...	120	3	414	13	3,348	79
Spasmodic asthma	35	1	6	...	64	1	47	...	438	1	949	8
Passive congestion of the lungs	1	...	...	...	3	...	...	...	...	...	16	6
Hæmoptysis	3	1	3	...	7	...	13	...	6	2	127	5
Pulmonary apoplexy	...	...	...	...	1	1	...	...	...	...	2	2

CAUSES OF ADMISSION AND DEATH.	BOMBAY.		BERAR.		MADRAS.		BURMA.		ANDAMANS.		INDIA, INCLUDING QUETTA.	
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Pneumonia	199	74	24	10	61	24	117	26	15	12	1,570	439
Abscess of the lungs	...	...	...	...	2	1	...	...	1	1	5	4
Gangrene ,,	...	...	...	...	...	...	1	1	...	...	3	3
Cirrhosis ,,	1	...	...	...	6	...	...	...	...	...	10	1
Acute pneumonic phthisis	10	6	1	1	...	...	2	1	...	...	36	23
Chronic ,, ,,	12	8	...	1	14	5	8	3	30	23	137	76
Emphysema	...	...	...	...	1	...	...	...	...	...	6	1
Millstone-maker's phthisis	...	...	...	...	...	...	...	...	...	...	1	...
Hydrothorax	...	...	...	...	1	...	...	...	1	1	3	2
Pleurisy	12	2	11	3	9	1	21	3	6	1	258	15
Empyema	...	...	1	1	...	...	...	...	1	1	3	3
Ulcer of the lips	...	...	...	...	...	...	...	...	1	...	2	...
Stomatitis	2	...	2	...	8	...	3	...	4	...	84	...
Ulcerative stomatitis	...	...	...	...	9	...	1	...	...	...	17	...
Noma	...	...	...	...	...	...	...	...	...	...	2	...
Cyst of the jaw	...	...	...	...	...	...	...	...	...	...	1	...
Teething	...	...	...	...	...	...	...	...	...	...	1	...
Inflammation of the dental pulp	...	...	...	...	1	...	...	...	...	...	1	...
Caries of dentine	1	...	2	...	1	...	1	...	11	...	32	...
Necrosis of ,,	1	...	...	...	...	...	...	...	...	...	1	...
Inflammation of the dental periosteum	...	...	...	...	...	...	2	...	...	...	3	...
Abscess ,, ,,	18	...	1	...	5	...	24	...	33	...	195	...
Inflammation of the gums and alveoli	...	...	...	...	...	...	1	...	...	...	6	...
Suppuration ,, ,, ,,	...	...	...	...	...	...	...	...	...	...	2	...
Induration of gums	...	...	...	...	...	...	...	...	...	...	1	...
Necrosis of alveoli	...	...	...	...	1	...	...	...	...	...	1	...
Ulceration of gums	...	...	2	...	6	...	...	...	1	...	165	...
Gangrene ,,	...	...	...	...	...	...	...	...	...	...	1	1
Toothache	1	...	...	...	...	...	...	...	...	...	3	...
Inflammation of the tongue	...	...	...	...	1	1	...	...	...	...	3	1
Abscess ,, ,,	...	...	...	...	...	...	...	...	...	...	1	...
Ulcer ,, ,,	...	...	...	...	...	...	...	...	...	...	2	...
Hypertrophy of the tonsils	3	...	...	...	...	...	...	...	...	...	6	...
Sore throat	5	...	1	...	1	...	9	...	3	...	112	...
Quinsy	1	...	3	...	2	...	8	...	...	...	61	2
Follicular tonsillitis	2	...	2	...	3	...	3	...	4	...	53	...
Ulceration of the fauces	4	...	...	...	...	...	...	...	...	...	6	...
Inflammation of the salivary glands	...	...	3	...	...	...	2	...	...	...	7	...
Abscess ,, ,, ,,	1	...	...	...	...	...	1	...	...	...	4	...
Ranula	...	...	...	...	...	...	...	...	...	...	3	...
Salivation	1	...	...	...	...	...	...	...	1	...	3	...
Follicular inflammation of the pharynx	...	...	...	...	2	...	...	...	...	...	5	...
Stricture of the pharynx and œsophagus	...	...	...	...	...	...	...	...	...	...	1	...
Hæmorrhage from the stomach	1	...	...	...	1	...	...	...	...	1	8	2
Inflammation of ,,	1	...	...	...	10	...	2	...	...	...	26	...
Ulceration of ,,	...	...	...	...	1	...	1	1	...	...	2	1
Dyspepsia	29	...	12	...	70	...	185	...	254	...	1,051	...
Gastrodynia	...	...	...	...	...	...	...	...	...	...	4	...
Pyrosis	...	...	...	...	...	...	...	...	...	...	1	...
Vomiting	10	...	...	...	...	...	2	...	...	...	12	...
Hæmorrhage from the intestines, including melæna	...	...	...	...	...	...	...	...	1	...	12	1
Inflammation of the intestines, catarrhal	...	...	...	...	122	2	2	1	...	...	126	4
Enteritis	...	...	...	...	3	1	1	1	15	7	30	16
Typhlitis	1	1	...	...	2	...	1	...	...	...	9	1
Colitis	...	...	...	...	...	...	...	...	...	...	1	1
Ulcer of the intestines	...	...	...	...	1	1	18	11	...	...	19	12
Abscess in the sub-peritoneal tissue, including suppurative perityphlitis	...	...	...	...	...	...	...	...	...	...	4	1
Tympanites	...	...	...	...	...	...	...	...	...	...	2	...
Obstruction of the intestines	...	...	...	...	2	2	...	...	2	1	13	10
Stricture ,,	...	...	...	...	1	1	...	...	...	...	1	1
Intussusception	...	...	...	...	1	...	...	...	...	...	3	2
Volvulus	...	...	...	...	...	...	1	1	...	...	4	4
Internal strangulation of the intestines	...	...	...	...	...	...	1	1	...	...	2	2
Hernia	1	...	...	...	7	1	5	1	6	...	31	2
Inflammation of hernial sacs	...	...	...	...	...	...	...	...	...	...	5	...
Perforation of the intestines	...	...	...	...	1	1	1	1	1	1	3	3
Diarrhœa	499	23	49	2	447	11	872	24	911	43	8,176	279
Constipation	1	...	3	...	10	...	3	...	7	...	152	...
Colic	26	...	43	...	18	...	47	1	167	...	684	3
Abscess of the rectum and anus	13	1	...	...	1	...	...	...	...	...	22	1
Ulceration of the ,, ,,	...	...	...	...	2	...	3	...	1	...	18	1
Piles	38	...	6	...	63	...	50	...	40	...	419	...
Prolapsus of the rectum and anus	2	...	...	...	3	...	3	...	3	...	17	...
Fistula in ano	6	...	1	...	4	...	1	...	6	...	51	...
Fissure of the anus	...	...	1	...	1	...	...	...	...	...	6	...
Hypertrophy of the liver	1	...	...	...	...	...	1	...	...	...	11	1
Atrophy ,,	...	...	...	...	1	1	...	...	...	...	3	3
Congestion ,,	2	...	1	...	4	...	...	...	...	...	80	...
Hepatitis	9	2	1	...	7	...	6	2	1	1	55	9
Perihepatitis	...	...	...	...	...	...	1	...	...	...	1	...
Cirrhosis of the liver	3	3	1	1	8	3	3	2	2	1	37	22
Abscess ,, ,,	1	1	1	1	2	2	2	1	2	1	21	17
Lardaceous liver	...	...	...	...	...	...	...	...	...	...	1	1
Cyst of the liver	...	...	...	...	...	...	...	...	...	...	1	...
Jaundice	44	...	10	...	26	...	17	...	2	1	279	2
Inflammation of hepatic ducts and gall-bladder	...	...	...	...	3	...	...	...	...	...	3	...
Dilatation of the gall-bladder	1	...	...	...	...	...	...	...	1	1	2	1
Gallstones	...	...	...	...	...	...	2	1	...	...	2	1
Abscess of the pancreas	...	...	...	...	...	...	...	...	...	...	1	...
Cyst ,, ,,	...	...	...	...	1	...	...	...	...	...	1	...

XXII—*continued.*

DETAIL of the ADMISSIONS and DEATHS of the JAIL POPULATION of each ADMINISTRATION.

CAUSES OF ADMISSION AND DEATH.	BOMBAY.		BERAR.		MADRAS.		BURMA.		ANDAMANS.		INDIA, INCLUDING QUETTA.	
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Calculus of the pancreas	1	1	...	...	...	...	...	...	...	...	1	1
Ascites	...	...	...	...	2	1	...	...	...	2	18	7
Peritonitis	2	1	...	...	1	1	4	4	1	1	27	21
Hypertrophy of the spleen	...	...	3	...	...	...	...	...	8	...	15	2
Induration and enlargement of the spleen from ague	24	1	8	...	33	...	11	...	19	1	703	19
Splenitis	6	...	...	...	1	...	...	...	...	...	17	...
Hypertrophy of lymph glands	...	...	...	...	...	...	...	...	...	...	2	...
Inflammation of lymph vessels	...	...	3	...	1	...	...	...	...	...	9	...
Suppuration ,,	...	...	...	...	...	...	1	...	...	...	3	...
Inflammation of lymph glands	12	...	1	...	18	...	46	...	16	...	173	...
Suppuration ,,	9	...	1	...	4	...	16	...	...	...	88	...
Lymph-fistula	...	...	...	...	...	...	1	...	...	...	1	...
Goitre	...	...	...	...	...	...	...	...	...	...	2	...
Acute nephritis	3	1	2	...	5	1	11	3	...	...	44	13
Bright's disease	11	4	2	2	13	4	31	14	...	...	107	39
Granular kidney	...	...	...	...	...	...	...	...	...	...	1	1
Cyst of kidney	...	1	...	...	...	...	...	...	...	...	...	1
Abscess of ,,	...	...	...	...	...	...	...	...	...	...	1	1
Calculus in ,,	1	1	1	...	1	...	...	...	...	...	8	2
Nephralgia	...	...	...	...	...	...	...	...	...	...	18	...
Diabetes insipidus	...	...	...	...	4	...	1	...	...	...	7	...
Hæmaturia	2	1	1	...	3	...	1	...	1	...	16	1
Albuminuria	...	...	1	...	1	...	3	...	1	...	7	...
Hæmorrhage from the bladder	...	...	...	...	...	...	1	...	...	...	1	...
Inflammation of ,,	...	...	2	...	4	...	2	...	...	...	11	2
Rupture of ,,	...	...	...	...	...	...	...	...	...	...	1	1
Recto-vesical fistula	...	...	...	...	1	...	...	...	...	...	2	...
Retention of urine	2	...	...	...	...	...	...	...	1	...	12	...
Incontinence of urine	...	...	...	...	1	...	...	...	...	...	5	...
Urethritis	...	...	...	...	2	...	...	...	1	...	4	...
Gleet	...	...	1	...	...	...	...	...	...	...	1	...
Stricture of the urethra	3	...	8	...	3	...	1	...	4	...	36	...
Urinary fistula	2	...	...	...	1	...	...	...	...	...	8	1
Extravasation of urine	...	...	...	...	...	...	...	...	...	...	2	2
Impacted calculus	...	...	...	...	...	...	1	...	...	...	1	...
Hypertrophy of the prostate gland	...	...	...	...	...	...	...	...	...	...	1	...
Inflammation ,, ,,	...	...	...	...	...	...	...	...	...	...	1	...
Abscess ,, ,,	...	...	...	...	...	...	...	...	...	...	1	...
Œdema of the penis	...	...	...	...	...	...	...	...	...	...	1	...
Inflammation of the glans penis	...	...	1	...	1	...	1	...	...	...	5	...
Abscess of the penis	1	...	...	...	...	...	16	...	...	...	17	...
Ulcer ,,	2	...	...	...	7	...	...	...	2	...	35	...
Phimosis	2	...	...	...	10	...	25	...	...	...	64	...
Paraphimosis	...	...	...	...	1	...	2	...	1	...	9	...
Abscess of the scrotum	4	...	...	...	...	...	1	...	1	...	9	...
Sloughing of ,,	...	...	...	...	1	...	...	...	1	1	3	2
Pruritus	...	...	...	...	...	...	...	...	...	...	3	...
Inflammation of the spermatic cord	...	...	1	...	...	...	...	...	...	...	2	...
Hæmatocele	...	...	...	...	...	...	...	...	...	...	2	...
Hydrocele	...	...	...	...	4	...	5	...	12	...	78	...
Inflammation of the tunica vaginalis	...	...	...	...	...	...	...	...	...	...	1	...
Orchitis	13	...	3	...	29	...	26	...	15	...	164	...
Epididymitis	...	...	...	...	...	...	...	...	...	...	2	...
Protrusion of tubuli	...	...	...	...	1	...	...	...	...	...	1	...
Spermatorrhœa	...	...	...	...	...	...	...	...	...	...	3	...
Inflammation of the ovary	...	...	...	...	...	...	...	...	...	...	2	...
Inflammation of the Fallopian tube	...	...	...	...	...	...	...	...	...	...	1	...
Cyst of the ovary	...	...	1	...	...	...	...	...	1	1	2	1
Inflammation of the uterine ligaments	...	...	...	...	...	...	...	...	...	...	2	...
Pelvic cellulitis	...	...	1	...	...	...	...	...	...	...	1	...
Cyst of the uterine ligaments	1	...	...	...	...	...	...	...	...	...	1	...
Hæmorrhage from the uterus	...	...	...	...	...	...	...	...	1	...	2	...
Inflammation of ,,	...	...	...	...	...	...	...	...	1	...	3	...
Prolapsus of ,,	1	...	...	...	...	...	...	...	2	...	5	1
Stricture of the external os	...	...	2	...	...	...	...	...	...	...	2	...
Ulcer of the vulva	...	...	...	...	...	...	...	...	...	...	1	...
Dysmenorrhœa	...	...	1	...	...	...	...	...	...	...	2	...
Menorrhagia	...	...	...	...	...	...	...	...	3	...	9	...
Leucorrhœa	...	...	...	...	...	...	...	...	...	...	3	...
Spurious pains and cramps	...	...	1	...	...	...	...	...	...	...	1	...
Abortion	...	...	...	...	...	...	...	...	...	...	7	1
Premature labour	...	...	1	...	2	...	...	...	...	...	10	...
Still-birth	...	...	...	...	...	...	1	...	...	...	1	...
Mechanical obstacle to the expulsion of the fœtus	...	...	...	...	...	...	...	...	2	...	3	...
Rupture of the perineum	...	...	...	...	...	...	...	...	...	...	2	...
Retention of the placenta	...	...	...	...	...	...	...	...	1	...	1	...
Milk fever	2	...	...	...	...	...	...	...	...	...	3	...
Sudden death after delivery	...	...	...	...	...	...	...	...	...	...	1	1
Abscess of the female breast	...	...	...	...	...	...	...	...	...	...	2	...
Sinus ,, ,, ,,	...	...	...	...	...	...	...	...	...	...	2	...
Ostitis	1	...	...	...	1	...	1	...	...	...	3	...
Periostitis	...	...	...	...	2	...	8	...	2	...	22	...
,, circumscribed	2	...	...	...	...	...	...	...	...	...	2	...
Caries	1	...	...	...	3	1	7	2	...	...	19	3
Necrosis	2	...	...	...	1	...	1	...	1	...	22	...
Synovitis	10	...	6	...	38	...	13	...	3	...	172	3
Abscess of joints	1	...	...	...	...	...	...	...	...	...	2	1
Ankylosis	...	...	...	...	...	...	...	...	...	...	1	...
Bow-leg	...	...	...	...	...	...	...	...	...	...	1	...
Psoas, lumbar, post pharyngeal and other abscesses	1	1	...	...	1	...	...	...	...	...	6	1
Atrophy of muscles	...	...	...	...	...	...	1	...	...	...	1	...

CAUSES OF ADMISSION AND DEATH.	BOMBAY.		BERAR.		MADRAS.		BURMA.		ANDAMANS.		INDIA, INCLUDING QUETTA.	
	Ad-mitted.	Died.	Ad-mitted.	Died.	Ad-mitted.	Died.	Ad-mitted.	Died.	Ad-mitted.	Died.	Ad-mitted.	Died.
Inflammation of muscles	...	...	...	...	...	...	...	...	...	...	1	...
Abscess ,, ,,	...	...	...	...	1	...	2	...	...	...	4	...
Cyst ,, ,,	...	...	...	...	...	...	1	...	...	...	2	...
Contracture ,, ,,	...	...	...	...	...	...	...	...	...	...	1	...
Inflammation of tendons and fasciæ	...	...	...	...	...	...	...	..	...	..	5	...
Inflamed bursa	...	...	...	...	...	...	1	...	...	...	1	...
Bursal abscess	...	...	...	...	...	...	...	...	...	...	1	...
Thecal ,,	2	...	...	...	...	...	...	...	...	...	10	...
Œdema of the connective tissue	1	...	1	...	3	...	...	...	...	...	18	...
Inflammation of the connective tissue	86	2	12	...	32	...	104	...	38	1	480	7
Abscess ,, ,,	182	2	34	...	227	...	510	...	106	...	3,501	
Slough ,, ,,	...	...	...	...	1	...	...	...	...	...	2	...
Erythema	2	...	...	...	1	...	...	...	...	...	10	...
Urticaria	8	...	...	...	1	...	4	...	4	...	77	...
Eczema	37	...	7	...	17	...	54	...	6	...	353	...
Impetigo	1	...	...	...	1	...	...	...	...	...	19	...
Rupia	...	...	...	...	...	...	...	...	...	...	5	...
Ecthyma	7	...	...	...	...	...	...	...	...	...	15	...
Pityriasis	...	...	...	..	2	...	2	...	...	...	6	...
Prurigo	1	...	...	...	1	...	1	...	1	...	21	...
Lichen	2	...	...	...	1	...	...	...	...	...	19	...
Psoriasis	...	...	...	...	1	...	3	...	1	...	25	...
Miliaria	...	...	...	...	...	...	...	...	...	...	1	...
Herpes	2	...	1	...	3	...	4	...	18	...	74	...
Zona	5	...	2	...	4	...	18	...	2	...	66	...
Pemphigus	...	...	1	...	...	...	1	...	...	...	5	...
Acne	...	...	...	...	1	...	...	...	...	...	1	...
Ichthyosis	...	...	...	...	...	...	...	...	...	...	3	...
Leucoderma	...	...	...	...	...	...	...	...	1	...	2	...
Ulcer	81	1	25	...	104	1	800	...	596	...	3,399	2
Cicatrices	...	...	1	...	...	...	...	...	...	..	2	...
Fissures	...	...	1	...	2	...	...	...	1	...	5	...
Boil	105	...	21	...	127	...	234	...	249	...	1,871	1
Carbuncle	4	...	...	...	6	...	67	...	4	...	219	1
Gangrene	1	1	...	...	...	...	...	...	...	...	2	2
Whitlow, including onychia	18	...	4	...	14	...	32	...	4	...	479	1
Corn	1	...	...	...	1	...	...	...	...	...	2	...
Lupus	1	...	...	...	1	...	...	...	...	...	5	...
Wen	...	...	...	...	1	...	3	...	...	...	7	...
Pruritus	...	...	...	...	...	...	...	...	...	...	1	...
Ringworm	55	...	3	...	11	...	51	...	10	...	223	...
Favus	10	...	...	...	1	...	...	...	...	...	26	...
Tinea versicolor	...	...	...	...	...	...	...	...	...	...	6	...
Itch	146	...	36	...	94	...	265	...	78	...	1,430	...
Irritation by nettles and other stinging plants	...	...	...	...	...	...	...	...	182	...	182	...
Accidental—												
Poison, arsenic	...	...	...	...	...	...	...	...	...	1	3	3
,, mercurial inflammation of the dental periosteum	...	...	...	...	1	...	...	...	...	...	1	...
,, opium	...	...	...	...	...	...	...	...	...	...	31	...
,, hyoscyamus	...	...	...	...	...	...	...	...	...	...	1	...
,, thorn apple	1	...	...	...	...	...	...	...	...	...	2	...
Poisoned wound—												
By snakes	3	...	...	...	1	...	1	...	19	...	29	...
,, scorpions	1	...	...	...	...	...	...	...	...	...	2	...
,, stinging insects	...	...	...	...	...	...	...	...	54	...	55	...
,, dog	...	...	...	...	1	...	...	...	2	...	3	...
,, jackal	...	...	...	...	...	...	...	...	...	...	2	...
Burns and scalds	3	...	3	...	22	...	20	...	64	...	257	1
Effects of the presence of foreign bodies	...	...	...	...	...	...	1	...	...	...	2	...
Effects of climate	...	...	...	...	...	...	...	...	...	...	1	...
Frost-bite	...	...	...	...	...	...	...	...	...	...	1	...
Effects of heat	...	...	...	...	7	...	...	...	...	...	11	...
Heat-stroke	...	...	...	...	...	...	...	1	...	...	4	5
Sunstroke	3	2	...	...	2	...	2	...	...	...	53	21
Heat apoplexy	2	...	...	...	...	...	...	...	...	...	42	2
Multiple injury	...	...	...	...	1	...	1	1	1	1	13	4
Hanging	...	...	...	...	...	...	...	...	...	...	...	1
Asphyxia from falling of earth	...	...	...	...	...	...	...	...	...	2	1	3
,, ,, ,, of timber	...	...	...	...	...	...	...	...	...	1	...	1
,, not defined	...	...	...	...	...	...	...	...	...	2	...	2
Starvation	...	...	...	...	...	...	...	...	...	...	1	...
Exhaustion	...	...	...	...	...	...	...	...	...	...	2	2
Shock	...	...	...	...	...	...	...	...	...	...	2	...
Abrasions	1	...	...	...	3	...	2	...	1	...	47	...
Contusions	41	...	14	...	42	...	62	...	312	...	1,106	...
Wounds	156	...	59	...	161	...	271	3	922	...	2,787	7
,, gunshot	5	2	...	...	...	...	5	...	2	...	19	2
Strains and sprains	19	...	10	...	30	...	30	...	22	...	266	...
Dislocations	12	...	1	...	4	...	3	..	5	...	37	...
Rupture of ligaments	...	...	...	...	1	...	...	...	...	...	1	...
Rupture of intestines	...	...	...	...	...	...	...	...	...	...	1	1
Fractures	12	1	1	...	15	1	31	3	27	3	405	20
Foreign bodies in the skin and sub-cutaneous tissue	1	...	1	...	...	...	...	...	...	...	5	...
Foreign bodies in the eye	7	...	...	...	...	...	...	...	...	...	9	...
Effects of irritants and corrosives	10	...	...	...	2	...	...	...	...	...	13	...
Concussion of the brain	...	...	...	...	...	...	...	...	...	...	5	2
Compression ,, ,,	...	...	...	...	...	...	1	1	...	...	5	4

XXII—*concluded.*

DETAIL of the ADMISSIONS and DEATHS of the JAIL POPULATION of each ADMINISTRATION.

CAUSES OF ADMISSION AND DEATH.	BOMBAY.		BERAR.		MADRAS.		BURMA.		ANDAMANS.		INDIA, INCLUDING QUETTA.	
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Compression of the cord	..	...	...	...	...	...	...	...	...	...	...	1
Contusion of abdomen with rupture of viscera	...	...	...	...	...	...	...	...	...	...	1	1
Homicidal—												
Not defined	...	...	...	...	...	...	...	...	...	10	...	10
Suicidal—												
Hanging	...	...	...	...	...	...	...	...	...	1	2	5
Cut-throat	...	...	...	...	...	...	...	...	...	...	3	2
Drowning	...	...	...	...	...	...	...	...	...	1	...	1
Judicial—												
Punished	3	...	...	...	7	...	...	...	...	...	69	...
Hanging	...	...	...	...	...	...	...	...	...	6	...	6
Not defined—												
Cut-throat	...	...	...	...	...	...	...	...	...	...	8	...
Fracture of spine with compression of cord	...	...	...	...	...	...	...	...	1	1	1	1
Not yet diagnosed	...	...	...	...	...	...	1	...	9	...	10	...
No appreciable disease	...	...	...	...	5	...	...	...	...	...	14	1
Cause unknown	...	...	..	...	...	...	...	...	...	1	...	1

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XXIII.

SADRA, KOLHAPUR, SAVANTVADI AND MERCARA JAILS.

(The Statistics of these Jails are not incorporated in the General Return of the Jail Population of British India.)

TABLE showing the SICKNESS and MORTALITY among certain JAILS in BOMBAY and COORG during the year 1894.

	RATIO PER 1,000 OF THE AVERAGE STRENGTH.			
	BOMBAY.			COORG.
	Sadra.	Kolhapur.	Savantvadi.	Mercara.
I.—STRENGTH	38	106	40	120
II.—CONSTANTLY SICK-RATE OF EACH MONTH—				
January	43·5	9·0	25·6	8·2
February	74·1	16·3	22·7	21·9
March	52·6	15·7	24·4	30·3
April	21·7	9·9	...	17·1
May	24·4	22·5	...	35·7
June	26·3	...	...	34·8
July	27·0	28·8	...	41·7
August	25·6	29·4	25·0	41·7
September	22·2	17·1	...	18·5
October	52·6	37·0	...	8·8
November	23·8	30·0	...	8·6
December	27·0	20·4	...	23·6
OF THE YEAR	26·3	18·9	7·9	25·0
III.—COMPOSITION OF THE ADMISSION-RATE OF THE YEAR—				
Influenza	...	...	...	...
Cholera	...	9·4	...	...
Small-pox	...	9·4	...	...
Enteric Fever	...	...	...	...
Intermittent Fever	26·3	235·8	50·0	8·3
Remittent Fever	...	...	25·0	16·7
Simple Continued Fever	...	...	...	16·7
Other Fevers	...	...	25·0	...
Heat-stroke	...	...	...	...
Nervous Diseases	...	...	...	8·3
Circulatory Diseases	...	...	...	8·3
Tubercle of the lungs	...	...	...	...
Pneumonia	78·9	56·6	...	91·7
Other Respiratory Diseases	52·6	...	...	41·7
Tonsillitis and Sorethroat	...	...	...	...
Dysentery	52·6	84·9	50·0	41·7
Diarrhœa	105·3	37·7	25·0	83·3
Hepatic Abscess	...	...	...	8·3
Congestion and Inflammation	...	...	...	...
Spleen Diseases	...	...	...	8·3
Urinary Diseases	...	9·4	...	8·3
Anæmia and Debility	...	...	...	58·3
Scurvy	...	...	...	...
Acute and Chronic Rheumatism	...	28·3	...	...
Eye Diseases	...	...	...	...
Abscess, Ulcer, and Boil	105·3	9·4	...	50·0
Other Diseases of the Integuments	52·6	...	...	16·7
Guinea-worm	26·3	28·3	...	...
Other Entozoa	...	...	...	8·3
All other Causes	78·9	47·2	50·0	100·0
ALL CAUSES	578·9	556·6	225·0	575·0
IV.—COMPOSITION OF THE DEATH-RATE OF THE YEAR—				
Cholera	...	9·43	...	...
Small-pox	...	...	...	...
Enteric Fever	...	...	...	...
Intermittent Fever	...	...	...	...
Remittent Fever	...	...	...	...
Simple Continued Fever	...	...	...	...
Other Fevers	...	...	...	...
Heat-stroke	...	...	...	...
Nervous Diseases	...	...	...	8·33
Circulatory Diseases	...	...	...	8·33
Tubercle of the lungs	...	...	...	...
Pneumonia	26·31	9·43	...	8·33
Other Respiratory Diseases	...	...	...	...
Dysentery	...	...	...	...
Diarrhœa	...	...	...	...
Hepatic Abscess	...	...	...	8·33
Congestion and Inflammation	...	...	...	...
Spleen Diseases	...	...	...	...
Urinary Diseases	...	...	..	8·33
Scurvy	...	...	...	...
Anæmia and Debility	...	...	...	16·67
Phagedæna, Slough, and Gangrene	...	...	...	...
Injuries and Suicide	...	...	...	...
All Other Causes	...	...	...	...
ALL CAUSES	26·31	18·87	...	58·33
	Died out of each hundred cases treated.			
V.—FATALITY—				
Cholera	...	100·00	...	...
Enteric Fever	...	...	...	...
Remittent Fever	...	...	...	..
Simple Continued Fever	...	...	...	...
Heat-stroke	...	...	...	...
Tubercle of the lungs	...	...	...	...
Pneumonia	33·33	16·67	...	9·0
Other Respiratory Diseases	...	...	...	...
Dysentery	...	...	...	...
Hepatic Abscess	...	...	...	100·00
Congestion and Inflammation	...	...	...	...

ANNUAL REPORT

OF THE

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1894,

WITH

APPENDICES AND RETURNS OF SICKNESS AND MORTALITY AMONG EUROPEAN TROOPS, NATIVE TROOPS, AND PRISONERS, IN INDIA, FOR THE YEAR.

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